TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	C PLIDBOSES WHEN MEDEDDAY THAN MIN	Well I I I V OF OVER THE VOTE OF THE VICE OF	
THE NAME OF	G PURPOSES, WHEN DIFFERENT THAN MU F THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S T'ALWAYS BE LISTED.	OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Alyuk K Com h	325 SMITH ST BURLINGTON	Town Utilage BURLINOTON	4-5-11
1. Alyunh K Cour h 2. MATT LE DUC	957 ECHO DR BURLINGTON	Town Utilage BULLINGTON	4.5-11
3.		□ Town □ Village □ City	
4.		□ Town □ Village □ City	
5.		□ Town □ Village □ City	
6.		□ Town □ Village □ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	
9.		□ Town □ Village □ City	
10.		☐ Town ☐ Village ☐ City	

1 Charles		of Circulator	
1, Maries	Krause	·	, certify:
I reside at 35300	State ST.	Burlington	Wis. 53105
	(circulator's residence - include number,	street, and municipality)	
district represented by the officehold	ition and personally obtained each of the si er named in this petition. I know that each ir respective residences given. I support this	person signed the paper with full kno	owledge of its content on the date indicate

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1901

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, [http://gab.wi.gov.email.gab@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22^d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1. Judy Klein	Rural address must also include box or fire no. 430 Park Cive.	Indicate Town, City, or Village Town Village Sty BURLING-TON	4-4-11
2. Weller Illers	430 PARK ARE	Town BUCLINGTON	4/4/11
3. Chandle Comes	472 PAIKAUZ	Town Utillage Ucity Unafon, W	4/4/11
4. Kindra Gabriel	540 Park Ave	U TOWN U VIIIAGE BUY INGTON	4-4-11
5 Helen Denning	556 Park av	1 Town Bullengton	4-4-11
6. Delle Rtiller	549 DARST	Drown Bunlington	4-6-11
7. Sonce Stocker	543-Ouk ST	D Town D Village PCdy / 3 when y low	4-6-11
8. Charles Dec	522 Oak 3.	Dillage Burlington	4-6-11
9. Johnson	507 Oak ST	□ Town	4-6-11
10. Ralph More	BULLUTOTON	O Town City Bulington	4-6-11
Charles Bro	Certification of Circulato	r, certify:	
reside at 35300 S74	nx of circulator) Te ST. Rurlin		53/05
personally circulated this recall petition and person	ator's residence - include number, street, and municipality) ally obtained each of the signatures on this pap	 I know that the signers are electors of 	`the iurisdiction c

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall polition. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. State This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email: gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

rause

(signature of circulator)

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MINICIPAL PTV HEED FOR MAIL INC	DIIDDOCCO WHEN THEEDON'T THAN MAIN	MOIDAL ITY OF DECIDENCE, IS NOT S	UPPLOIENT
	S PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire not	Indicate Town, City, or Village	SIGNING
1 as Bearbarnea	655 Achier Xd	Drown Utilage Secity Duent Ny 1091	3/30/20/
Elil ahler	2663 Chustinkd	Town Utilage Berlington	3/30/2001
3. Marky & Mcg	656 AGTW KA	Down Duldy Tow	3/30/2011
4. Caernen Me Kenney	408 Highridge	Drown Drillage Buelingten	3/30/2011
5. Ruh Myann	408 Highridge	O Town O Village Burling Ton	3/36/2011
6. Belland	40e Anghodge (11	O Town O Village Burlington	3/30/2011
7 Mois Ulland	409 Highridge Rd	O Village Burlington	3/30/201
8. Edith Bury	389 Nightiege Rd	Drown Sullyton	8/30/11
" Karen Carlson	381 Highridge Rd	Drown Drillage Bladington	3/30/11
10. Gertoud Leith	325 Highridge	Town On the Sty	3-30/11
Charles Krau	Certification of Circulate	Or , certify	:
reside at <u>35300</u> <u>STq</u>	ame of circulator) Solution Solution Advisor's residence - include number, street, and municipality)	rigton Wis 53	105
personally circulated this recall petition and person strict represented by the officeholder named in this	ally obtained each of the signatures on this paper	per. I know that the signers are electors o	of the jurisdiction

opposite his or her name. I know their respective residences given. I support this recall petition. ham aware, that falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UEFICIENT
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	T ALWAYS BE LISTED.	OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1. ASS	Rural address must also include box or fire no. 356 Wighwasi Ruyhlduk	Indicate Town, City, or Village Town Village Sur / Chi of feet	SIGNING 3/50///
2. Jul Tayel	708 Bnoly 4.	D Town Durlington Sacily	3/30/11
3. Jose Jahran	460 Storavell Ct	U Town U Vikage Bur 1 m Jan	3/30/11
4. Lynne Daniel	848 Bridy	Town Dillage Buling to	3-30-
5. Kat Boyt	859 Briody J	D Town U Village ACity BUY/1995ON	3/30/201
anthon Mocdic	117 M. MAPLE AVE	Town BUKINGTON	3/31/20
Malee & modi	117 N. MAPLE DR	D Town BURLINGTON Sercity	3/31/2011
Patrick Melson	140 N Elmwood	Drown Uvillage Bushington	3/31/24
Hidinelon	140 N. Elmwood	DVIllage Buringtu	3/31/11
O. Edward Sichell	141 N. Dabulung ans	D Town D Village City Burliston	3-31-11
Charles Krause Certification of Circulator, certify:			
(nai	ne of circulator)	, certify	•

I reside at <u>353<i>00</i></u>	State o	e of circulator) SI BU or's residence - include n	MINGTON U	<i>U15. ≤</i>	53/05		
I personally circulated this district represented by the copposite his or her name. I §.12.13(3)(a), Wis. Stats.	micenoider named in this p	etition. I know that	l each person/signed th	ne paper with f	full knowledge o	file content on the data indi-	antad

Please mail this form to:

Recall Wirch

GAB-170 (Rev.6/2007). The information on this form is required by $\S\S$ 8.40 and 9.10. Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gah.wi.gov.cerail: gub@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Brand

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

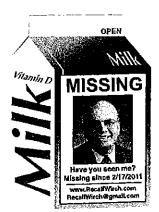
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST		T
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Gody Splejel Lops	2 ay origenst	Drown Cily Bur lington	4/2/11
2. Truck Over fr	361 HIGHRIDGE	Drillage BURLINGTON	4/2/11
3. mf. duta	341 Highridge	U Town UVIII BUV / 1 My TON	4-2-11
1. Clar Cohan	345 VICHATIET	O Town O Village O Dun 1 Vota	4.2-11
5. Kan Aldrico	911 Apponiation 19	o Town o Village BLUVLU KN	4-2-11
6. Bran Josep	35519 Vorce CN.	Ocity (Schlington	4-2-11
7. Jun Book	355 19 Volee CT	Bullington Bullington	4-2-11
Manual Cost Ob, J.	3.5410 W. STATE	Stown Burlington Dillage City	4/2/11
"Bonital Gottelly	3540 W, State	Drive Serlington)	4211
"Clinton Colbury	35410 W, State	Driven Buwington	4-2-11
. Charles Krause	Certification of Circulate	or, certify	<i>'</i> :
reside at 35300 STate		HON WIS 5	3105
	slator's residence - include number, street, and municipality)		
personally circulated this recall petition and person	nally obtained each of the signatures on this paper	per. I know that the signers are electors of	of the jurisdiction or

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this repail petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8,40 and 9,10. Wis. State.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

WWW.Recce

WWW.Recce

§.12.13(3)(a), Wis. Stats.

Torm to: — Recall Wirch

RO. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

ro: <u>Wiscousin Government Ac</u>	ccountability Board
------------------------------------	---------------------

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison



		· · · · · · · · · · · · · · · · · · ·		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	TICIPALITY OF RESIDENCE, IS NOT SI	UFFICIENT.	
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1. \ 1 \ 7	540 WALNUT ST.	orown Village Burling ton	00211	
That tour	BURLINGTON, WI	Waity Purling ton	3.28.11	
2. / 1	353 CHULLE ST:	□ Town	ni s il	
Jun 1 Jan	BUZLING-TON WI	Weily 13012010070,0	4-2-11	
3. 7.1	353 church ST	□ Town □ Village □		
Cata I Diegen	Builington W!	& City Bulington, W.	4-2-11	
41/1/1	309 Church St.	C Town		
1 h Hy	Eur, roston	Sicity Durichy an	4-2-11	
500	309 Church St	O Town	11 - 11	
"MMM POPALINITACK	Burlington, WI	Scity BUY INGTON	M-6-11	
61.0	280 Church St	□ Town		
"Havey aseures	Bulineton Wis	City Burlington	4-2-11	
7	280 Church Street	□ Town		
"Michael O Bencio		Derly Burlington	14-2-11	
	317 W. Jersend	□ Town		
8. Gatheren In Ouffy	Burlington Wi	City Bushipton, Wi	4-2-11	
9. 0	7	□ Town		
James Willed	817 Menlick	Willage Burling tin	4-2-11	
10 10 10 70	DE M Mzala	Q Town	11/1/	
10. facul mondo	(3) (4) (5)	Divilage Sulvem	4/21/1	
	Certification of Circulate) ·	ŗ 1	
I, Charles Krause certification of Chediator , certify:				
(n:	ame of circulator)			
reside at 35300 State ST. Burlington Wis. 53105				
(circu	lator's residence - include number, street, and municipality)			
personally circulated this recall petition and person	ally obtained each of the signatures on this pa	per. I know that the signers are electors of	of the jurisdiction o	

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall position. I am aware that falsifying this certification is punishable under (signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District

tjurisdiction or district of officeholder)

petition for the recall of Robert Wirch

SIGNATURES OF ELECTORS

§.12.13(3)(a), Wis, Stats.

608-266-8005, http://gab.wi.gov_email: gab@wi.gov

GAD-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

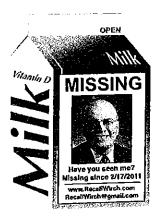
STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. STREET & NUMBER OR RURAL ROUTE

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison

Please mail this form to:



	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Edward U Uds	432 Westridge Ave.	U Town U Village Bucling ton	4/4/4
2. p. 1 1/h	432 hellings for	Town Bulling 124	4/4/11
* Marvin Dunkar	Ave Ave	Town Dillage BurlingTon	4/4/11
Frederik Koenen	215 thorngate O.	DVIllage BUNLING FOR	4/4/11
5. Mary J Loenen	215 Thorngate C+	O Town O Village Burling In	4-4-11
ET. J. Swart	205 Prorugale Ct	O Town O Village Burling Tore of City	4/4/19
Daris & Swarfy	205 Thorngate 61	D Town Burley ton	4-4-11
8. Elegabeth Pehringer	204 DorngaleM	U Town U Village Duling In	W_{i}^{4-11}
9. Burhara B. Schum	208 THORNEHTE CT	Q Town O Village But hing to 2	4-4-11 be (
10. Days Sudo	431 Rill Ave	U Village Burlingfun	4-4-11
. Charles K	Certification of Circulato	r	· · · · · · · · · · · · · · · · · · ·
	rause	, certify	:
I reside at 35300 S/	ne of circulator) A Pe ST. 130	arlington Wis	53/05
(cireal	ator's residence - include number, street, and municipality)	,	
I personally circulated this recall petition and personal district represented by the officeholder named in this opposite his or her name. I know their respective residents	petition. I know that each person signed the pa	per with full knowledge of its content o	n the date indicated

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

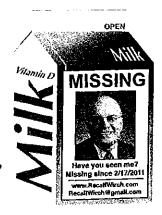
22 District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MU	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.	
SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUSS STREET & NUMBER OR RURAL ROUTE		D. emp. on	
	Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. / ///	548 OAK ST	□ Town		
Van Julle		Deliny PURLILUGION	4/5/11	
2	558 Orchard St.	, □ Town		
Benerly Indivards	Burlington	Ocity Burlington	4-5-11	
3. Quality 1/ de	961 Borothy Ct.	D Town		
- Way M. Hary	/	ACity BUR/INGTON	4-5-11	
4.	252 7 11 2	□ Town □ Village V2		
Joseph I mliesoz	353 Traveller Run	Oxcity JUVIII GOD	4-5-11	
5. Kishail & Russia	465 ORCHARD ST	☐ Town ☐	,, , , ,,	
- Maran & Corving	1470 Pleasant St	DVIllage BURLINGTON	4-5-11	
E. Vish c. Viss	1470 Pleasant St	Willage Bullington	4-511	
7. \	112 E Cherry SI	2000	, ,	
3		Decity Districtly	9/5/1	
8.	457 HERMINUST	Difference (/	
		# City DUV I wy to L	4/5/11	
2 / /m //	441 WESTRING AVE	□ Town □ Village Q	////	
Cleagard some	4-	ACITY DURITHGTON	7/5/11	
10.0	525 POSE ANNOK.	U Village	4/-/11	
They taffer back		ercily lourlington	<u>//3///</u>	
Charles Krau	Certification of Circulato			
reside at 35300 STaTE ST BUSINGTON WIS 53105				
	ttor's residence - include number, street, and municipality)	•		
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or				
istrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated possible his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under				
1.12.13(3)(a), Wis. Stats. 4-5-//	() hall	Salla e	ounoudote anaci	

Please mail this form to:

(daté)

Page No.

(signature of circulator)

TO: Wisconsin Government Accountable (official with	RECALL PETITION <u>lity Board</u> whom nomination papers or declaration of candidacy for the	office is filed)	OPEN
We, the undersigned qualified electors of the	-		Milk
petition for the recall of Robert Wirch	•	isin	MISSING
from office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s legislative, Judicial, or county officials.) Refusing to represent the citizens of W	statement of reason is required to initiate the red	The reason must be related to call of state, congressional,	Have you seen me? Alisaing since 2/17/2011 work Recall Wirch.com Recall Wirch @ gmail.com
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUN	NCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	F THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1. Sam	Rural address must also include box or fire no. 5/56 Dord's Dr. Barlington 40:53/05	Indicate Town, City, or Village Town Village Softy Indicate Town, City, or Village	SIGNING
2. Caesan Lisat	Burlington L.F.	Drown Ducknston	4/3/10
3. Jan Lee	Burlington, W.	D Town D Village Sor/Ingfor	4/3/11
4. Karen Dundone	Burlington, WI	U Town U Village Buling Ton	4/3/11
5.	<i>y</i> ,	□ Town □ Village □ City	
6.		☐ Town ☐ Village ☐ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	
9.		□ Town □ Village □ City	
10.		□ Town □ Village □ City	
I reside at 7716 38th Street	Certification of Circulate	kenesha malling)	:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 1909

GAB-120 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov.com/ii.gab@i.wi.gov.

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov.comil: gab@wi.gov

(date)

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10. Wit. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

Please mail this form to:

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

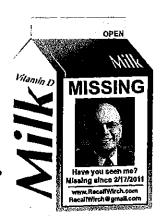
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



			
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
1. Cut Deiban	Rural address must also include box or fire no.	Indicate Town, City, or Village Town Village ALLNG TO	SIGNING 4-Z-1
2. Ellen Fedner	379 Lincoln St	Drown Drillage BURLINGTON	4/3-11
3. Tun Gorman	355 LINCOLN ST	U Town U Village SICILY BURLINGTO N	451-3-
*DEB GORMAN	355 LINCOLN ST	Drown Offillage Parkington	4.3.11
Elaren McKen	313 Lincoln &	Drown O Village Rulington	4/3/11
May /lune	324 Schemens	Town Usung Bulinger	4/3/11
7. John Sine	425 30 ElMwood	Down Utilage Burlagion	43-11
8. Louise maine	425 S E Mucod	Town O'Villege Burlington	4-3-11
Willen Stroes	441 50 / Imwood	Utilage Sur-ling Ton	4-3-11
10. Patricia Strock	441 S. Hanwood	O TOWN O Village Builingto	4-3-11
Uncent P. Lambrech	Certification of Circulator	or , certify	
reside at ///6 38= Stree	me of circulator) Town a A Some s (K ator's residence - include number, street, and municipality)	en & She moiling)	'
personally circulated this recall petition and person istrict represented by the officeholder named in this possite his or her name. I know their respective residuals	ally obtained each of the signatures on this pap petition. I know that each person signed the p	aper with full knowledge of its content of	n the date indicate

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

Gurlsdiction or district of officeholder

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-264-8005, http://gob.wi.gov/corall/gab/wi.gov/



THE MUNICIPAL ITY NEED COD MAN INC			
THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	NICIPALITY OF RESIDENCE, IS NOT S <u>FALWAYS BE L</u> ISTED.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bent Hord	180 466 Putton St.	J'Town D'Village Buller/6700/	4/3/11
2. Joh Wilh	340 Garfield st	Town July Town Dicity	4/3/11
Jim Vogelsong	356 Garfield St	Town Utiliage Burtington	4-03-4
Carol Larber	409 Harfield 87	Town O'lilage Bulling ton	4-03-11
michelli a Bar	381 Galfield St.	C Town C Village BUVI, 1940	4-3-11
handa fle	381 Gartiell St	Town Urilage Burington	4/3/11
	357 Dutton St.	Town Dillage Burlington	4/3/11
Cos wilt	473 Distan NT	O Village but ling ton	4/3/11
Cala Wait ale	Byrlington de 53165	Orthogo Bulington	4/3/11
Bilipowady	Burlington 5308	D Town D Village Av Irnston	4/3/11
Vincent P. Lamprech	Certification of Circulate	or , certify	·
	ne of circulator) Town A Somer SKenosha	1 ()	
(circul	lator's residence - include number, street, and municipality)	<i>U</i>	
ersonally circulated this recall petition and personation rict represented by the officeholder named in this posite his or her name. I know their respective residents	petition. I know that each person signed the p	saper with full knowledge of its content of	on the date indicat
2.13(3)(a), Wis. Stats. 4/2//	dences given. I support this recall petition. I an	n aware that falsifying this certification is	s punishable un

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



		-	
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
mod worth	424 NOrth 10P ST	O Town O Village Bullwin	4/3/11
2.	466 Northrop Street	□ Town	112/11
Vagre dyny		TOT City BULLIATW	9-5/19
3. Klanbora	4510 NOTH 100554	Drown Usuage Bullivition Orcity	4/3/4
Dan Mryenleun	4x BunA #4	P Village Bullington	4-3-11
5. Vicke Kberry	Apt Ca Bulengton	D Town U Village DOCity DUTING	4-3-11
6. Luyerd 7 Callins	BURLINGTON, WI	D Town D Village Darlington	4-3-11
7. Julin Etaele	980 Sunsel D. HIO Burlington WI 53105	Drown Utiliage Bullngton Docity	4.3.11
8. Ruh Up	Burlinder Dr. Apt. 13	D Town D Village Bwby len	4-3-11
" A special for the	DAY South Timend	U Town U Village Backing for	4-3-11
10. Al Som	Bulinton an	U Village?	4-3-11
. Vincent P. Lambre	Certification of Circulato	or , certify	
77/6 38th Quant	me of circulator)	V (M. //)	•

ı, <i>V</i> m	cent	P. L	ombrech ts	ertification	of Circula	tor		, certify:	
reside at	7/6	38th	Street (name of circ	Jun at	Somes	(Kenosho	Mailing)	
			(circulator's resi	dence – include number,	street, and municipali	ly)	·		~ ·
nsmer represented	by the office name. I kno	their resp	and personally obtained in this petition pective residences g	 I know that each 	person signed th	e paper with full	knowledge of its	content on the date	indicated
	loute	,				(signature of ci	rculator)		

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 912

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7084
608-266-8005, http://gab.wi.gov.com/fl.gab/givi.gov

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY HEED FOR MAIN 187	Bulgagge this are		
THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	NCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	DATE OF SIGNING
1. Mel so Hogonyon	141 E. Store St.	O Town Police	PVII.
1000,252 57(1)010,010	Burlineta in 530	O Village DLU III 9100	135 /11
2. 1/ 1 1.00	TUIS SATE SA	Town Rugh Astron	2010210
Kymbely Muholst	Burlington WIS315	In Village DWW 13 VVV	MEDIFO
3. 1 1/h/h	1200 5. English setti Aus	-tst Town	44
Van Nove	Burlington Wi 43185	Ocity Bullington	4-2-//
4.	413 US Dine street	ELION	111
(ichi torres	Burlishen w 53/0-	Sillage BUY (notan	4/2/1
5.	473 Mary H.	□ Town	7 /
Jan, Sychamor	BURLINGTON	D City RUKLINGTON	12/3/11
6. F B 1.11	164 Rumwlds Clas.	□ Town	1/2/
Dive Dartlett	Bulington, With 5 3/05	Village Bulmeton	4/2/11
7. () (440 mais	□ Town	11 - 11
Starys Sheard	Builita	Village Bulling	4-2-11
8. (··) ad	IN MOTHINGHA	D Town	3 0 1
Olla Chil	309 Henry ST	by City Bullington	A-2-1
9.		Town	
		☑ Village ☑ Cily	
10.		□ Town	
		☐ Village ☐ Cily	
			
. TIMOTHY J. REGA	Certification of Circulato	! *	

			. CGIIIIY.	
	(name of circulator)			
l reside at 30138	MOCCASIN DR.	BURLINGTON.	WI. 53/05	
	(circulator's residence - include num	ber, street, and municipality)		`
district represented by the officehol	etition and personally obtained each of the der named in this petition. I know that each respective residences given. I support	ach person signed the paper with this recall petition. I am aware the figure of the signature that the signature of the signa	full knowledge of its content on	the date indicated

GAB-170 (Rev. 6/2007) The information on this form is required by §5. 8.40 and 9.10. Wis. Stats.

This form is presented by the Government Accomplability Board, P.O. Box 7984, Madison, WI 53107-7984

608-266-8005, <u>http://sah.wi.sav.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gab@wi.gov.email.gabween.email.gab@wi.gov.email.gabween.email.gabwe</u>

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22rd Wisconsin State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

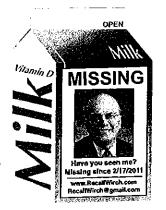
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Rural address must also include box or fire no. India 1800, Pens Divillage Control Control Divillage Control Control Divillage Chy	S BE LISTED. ICIPALITY OF RESIDENCE icute Town, Çity, or Village	DATE OF SIGNING
SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address page also include box or fire no. Indi 1865 Pero Down Village Contington Continue Contington Conti	ICIPALITY OF RESIDENCE	
1. Commander Contington Dely	.0 ,	SIGNING
Costy Miller Contington Dely	12. 1. m eds.	T
	רומניייונאט	4-7-11
2. All Bukungtin Grity	Burlington	4/7/11
3. Collean Kelly Burlington Town Distance So City	Bustington	4-711
4. Setaio Sanchezh Burlington Brilly	Binlimpte.	4-7-11
REGNA Jamoyo Burlington wit 5.3/as \$ City	Burling ON	4/2/11
Charlene Miles Burlington, W153105 Scily	Burlington	4-7/11
7. 340 Alice St. Drown Village Buck us 25/05 Decity	Burlington	4-7-11
Dernie Gubach Bux 1 in 9 to 55105 Stilly	Burlath	4-7-11
9. Suvanne Luck Burlington, W. 53105 Brilly	Burlington	4/7-11
10.		•

	□ City	
1. William F. Wisks	Circulator	, certify:
I reside at 10600. Musque of circulator) Rd (circulator's residence - include number, strekt, a	Burlington, WI	53105
I personally circulated this recall petition and personally obtained each of the signature district represented by the officeholder named in this petition. I know that each person opposite his or her name. I know their respective residences given. I support this recall §.12.13(3)(a), Wis. Stats.	res on this paper. I know that the signers are on signed the paper with full knowledge of its	electors of the jurisdiction of the content on the date indicate

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

O Wisconsin Government Account	RECALL PETITION ability Board		(5)0:31
	with whom nomination papers or declaration of candidacy for the e 22 rd Wisconsin State Senate District		Mil
ve the midersigned duantied electors of in	(jurisdiction of district of officeholder)	V	Have you seen f
elition for the recall of Robert Wirch	22d District State Senate of Wiscon (name of officeholder to be recalled and office)	siu	
om office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	12 March 18 18 18 18 18 18 18 18 18 18 18 18 18
e official responsibilities of the officeholder. I gislative, Judicial, or county officials.)	STATEMENT OF REASON FOR RI for city, village, town, and school district officials, we statement of reason is required to inlitate the rec Wisconsin 22d State Senate District i	The reason must be related to call of state, congressional,	www.HecallWitcho RecallWitch@gnall (262) 268-9422
2.5g. c	ANG PURPOSES, WHEN DIFFERENT THAN MUN FOR THE MUNICIPALITY OF RESIDENCE MUST		Sufficient.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Hennett Calms	3165 S. HONRY LK PD BYX21NGTON . WI	W-2000	4/4/11
Dione Jahns	3105 S. Honey Lk Rl Bevilington Wi 5310	Dictiown (//	4/4/1
3.		□ Town □ Village □ City	
4.		□ Town □ Village □ City	
5.		□ Town □ Village □ City	
5.		☐ Town ☐ Village ☐ City	
7.		□ Town □ Village	
3.		□ City □ Town □ Village	
) _e		□ City □ Town □ Village	
0.		□ City □ Town □ Village	
Henrich Jalne eside at 3/05 5. How	Certification of Circulator (name of circulator) CAR PRO BULLIN	, certifi	: [
	(circulator's residence-include number, street, and municipality)		
strict represented by the officeholder named in	this petition. I know that each person signed the presidences given. I support this recall petition. I an	aper with full knowledge of its content	on the date indica

Please mail this form to:

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Covernment Accountability Board, P.O. Box 7984. Medition, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

WWW.RecallWirch.com • RecallWirch@gmail.com

	RECALL PETITION	F Z	
TO: Wisconsin Government Accounta	bility Boota The whom nomination papers or declaration of candidacy for the	office is filed)	TOPHY
	22 ⁴ Wisconsin State Senate Distric		Milk
n ,«.	(jurisdiction or district of officeholder)	Zianin B	Have you seen me?
petition for the recall of Robert Wirch	22 nd District State Senate of Wiscon (name of officeholder to be recalled and office)	siu via	
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
the official responsibilities of the officeholder. N legislative, judicial, or county officials.)	STATEMENT OF REASON FOR RI for city, village, town, and school district officials, o statement of reason is required to initiate the rea	The reason must be related to call of state, congressional,	www.RecellWirch.com RecellWirch@gnall.com (262) 298-9422
<u>Refusing to represent the citigens of L</u>	<u>Visconsin 22ª State Senate District i</u>	n Madison.	•
.			 ;
THE MINICIPALITY HORN FOR MAIL	ng purposes, when different than mun	TOTAL LTV OF DECIDENCE. IS NOT S	HERMENT
	of the municipality of residence must		OFFIGIRITY
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.		☐ Town ☐ Village	
WW DOTCO		□ City	
2 Jul H Bul	BURLINGTON WF	Drown Burlington Octo	3-30-11
3.000	BULLING TON WI	City Burlington City Burlington City Burlington	3-30-1
4./	and the state of t	☐ Town ☐ Village	
		D Town	<u> </u>
5		☐ Village ☐ City	
6. -		□ Town □ Village □ City	
7.		□ Town □ Village	1
-		☐ City	_
8.		□ Villege □ City:	
9.		□ Town □ Village □ City	
10.		☐ Town ☐ Village	
		□ City	<u> </u>
, Jin Burer) r * , certify	<i>t</i> :
reside at 34116 OXX	(name of circulator) OALS CT, BUCLTUG	TON WI	·
I personally circulated this recall petition and per district represented by the officeholder named in	sinculator's residence—include number, street, and municipality) sonally obtained each of the signatures on this pay this petition. T know that each person signed the procedure of the procedure	paper with full knowledge of its content	on the date indicated

Please mail this form to: Recall Wirch Page No. GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.eov email: gab@wi.gov

W P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

We, the undersigned qualified electors of the 22" Wisconsin State Senate District

This form is prescribed by the Government Accommobility Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, <u>http://gab.www.</u> email: gab@wi.gov

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

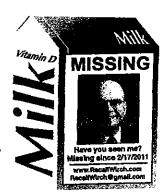
22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILIN	NG PURPOSES, WHEN DIFFERENT THAN MUI OF THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	DATE OF SIGNING
1. 1. 15	1429 Greenfield Ave.	10 Town	
" New Miller	Burlington, WI 53105	G Village WONS	3-2-11
2. 4. 11	117 Midwood Drive	□ Town	2011
garny rut	Burlington WI 53/05	Village Burlington	3-2-11
3. (1)	8530 Heather Ave	& Jown	0 0 11
Lonna Marcil	Burlington WI 53105	Ocity Burlington	3-2-11
1. 1M	29800 Byshar (lud	Town 2	10 × 11
If the	Burlington, Wis 5365	Ochy Burlington	3-3-1
5. / W	389 Randolph St B, 5900	□ Town	
Layer Wast	Barryto Ut 53109	excity Burlington	3-4-1
	30341 Bush sell Rd	⊅r'Town	
Mary (Pace	Bueling ton. W153,00	Ocity BURLINGTON	3-4-1
. 0	3 . 341 Bushall 18d	ErTown 2	
Oralin Otice	Burling Fie was	O Village Burling For	3-4-6
		O Town	
		□ Village □ Cily	
		□ Town	
•		☐ Village	
).		□ City □ Town	
·-		□ Village	
	Certification of Circulato	City City	
thy 10 Kic	Continuation of Chediato	, certify	:
side at 29 800 Bus"	ame of circulators hnell Bucl.	raton, WI	53/25
(vire	ulator's residence - include number, street, and municipality)	1	<u> </u>
rsonally circulated this recall petition and person	nally obtained each of the signatures on this pap	er I know that the cianors are also as	education of the
ict represented by the officeholder named in thi	s pelition. I know that each person signed the pa	oper with full knowledge of its content of	s the data india
osite his or her name. I know their respective res .13(3)(a), Wis. Stats.	idences given. I support this recall petition. I ap	aware that/falsifying this certification is	punishable und
7/4/		15 pm	
(date)		(signature of circulator)	
Pleas	e mail this form to: Recall W	irch .	

www.RecallWirch.com • RecallWirch@gmail.com

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-1984
608-266-8005, https://gab.act.com/email/gab/givi.go/

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	SICIPALITY OF DESIDENCE, IS NOT	UPPLOUDANT
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ralways be listed.	OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire po.	MUNICIPALITY OF RESIDENCE / Indicate Town, City, or Village	DATE OF SIGNING
Branda Boggs	S903 4 Keatland Ka	D Town U Village UCID R 1 Ph Quotan	3-8-11
2. Bathy Brehnes	341 Lincoln SI.	Orown Ovillage Ocity BurlingAn	3-8-11
3. Jaan Seitkay	8168cho.D1.	☐ town Bulington ☐ Village ☐ coty	3-8-11
4. Chair Rice	7/14 Wheatland Rd Builington WI	Ditown Utiliage DCV/-ngton	3-15-11
5. Tom Busch	654 FOX TREE CR Apr 2 BURLINGTON W:	U Town U Village U Cily UNRUNGTON	3-15-11
6.		☐ Town ☐ Village ☐ Cily	
7.		☐ Town ☐ Village ☐ Cily	
8.		□ Town □ Village □ City	
9.		□ Town □ Village □ Cily	
0.		□ Town □ Village □ City	
Phyllis Rice	Certification of Circulato	r , certify	·
eside al <u>99800 Bushnel</u>	e of circulator) Rel Burline	LIT	3/05
ersonally circulated this recall petition and personal trict represented by the officeholder named in this posite his or her name. I know their respective reside 2.13(3)(a), Wis. Stats.	etition. I know that each person signed the na	ner with full knowledge of its content or	s this days indiance.

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

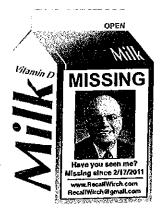
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MU THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Lanny Maghino	30026 m 1700 Rd	D Village Burlington	3-11-11
2 Janiel Martin	30026 MITON Rd	De Town Burlington O'llage O'city	3-11-11 3H-111
3. Barbara J Bridia	304/9 Durand A	Sktown Burlington Utilage City	3/11/11
4. Joann Lois	412 Walnut St	O Town O Village Burlington	3/15/11
5. Dan Jose	412 Walputst	Decity Burlington Town Village Victiv Burlington	7/15/11
6.		□ Town □ Village □ Cily	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	-
9.		□ Town □ Village □ City	
10.		☐ Town ☐ Village ☐ City	

		□ City	
1. Darlene Conduad	Certification of Circulato	1' , certify	
I reside at 29834 Pinewood	me of circulator) 1 Dr. In the Town Shator's residence - include number, street, and municipality)	pip of Burlingtor	·)
I personalty circulated this recall petition and personal district represented by the officeholder named in this proposite his or her name. I know their respective resides §.12.13(3)(a), Wis. Stats.	pention. I know that each person signed the pa lences given. I support this recall petition. I am	mar with full leasured as a Character at	

Please mail this form to:

Recall Wirch

P.O. Box-26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22" Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, <u>http://gab.wi.gov</u> ствай: gab@wi.gov

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	IG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Ruml address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Shelly Labadia	9705 EXEGRANTEN. BUTLINGTON WI GROST	2 Town Burlington	3/20/11
2. Preg McParland	BULLET WI 5310+	Trown Bulneto	3/27/11
3M Hinn	3958 W Lake Shore Burliseto W 1 5310	Disting Co. 1.	3/28/11
4. Jas Hol	3958 MCHENTYST Burlington WI	Using Bucling ton	3/24/11
Cody Crendell	7938 West latheshare Drive, Ryclinder 33/05 WE	Distribution Bulling for	3/28/11
6.	9	☐ Town ☐ Village ☐ City	, ,
7.		☐ Town ☐ Village ☐ City	
8.		□ Town □ Village □ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	
Jenne Parland	Certification of Circulato	•)* , certify	:
reside at <u>7938 W. Lakes</u>	name of circulator) Love Dr. Burlingtor culator's residence - include number, street, and multiginality)	NI 53105	
personally circulated this recall petition and personal	,,,	or I know that the cioners are electors	Cilia insindiation

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

: Wisconsin Government Account	RECALL PETTTION ability Board	·—·	OPEN
(official	with whom nomination papers or declaration of candidacy for the	/ 😼	
the undersigned qualified electors of the	e 224 Wisconsin State Senate Distric	t, Vitanin	M
ition for the recall of Robert Wirch	27 ^d District State Senate of Wiscon (name of officeholder to be recalled and office)		MISSIN
n office pursuant to Article XIII, Sectio	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
official responsibilities of the officeholder. I slative, Judicial, or county officials.)	STATEMENT OF REASON FOR RESTATEMENT OF REASON FOR RESTAURANT OF COMMENTAL STATEMENT OF THE	The reason must be related to call of state, congressional,	Have you seen in Missing since 2/17 www.RecallWirch@gmail
mothy to represent the citizens of	Wisconsin 22 ^d State Senate District i	u Madison.	
	ING PURPOSES, WHEN DIFFERENT THAN MUS OF THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
Goffel balel	101 E. State St Burlington	Indicate Town, City, or Village Town Village Socity Indicate Town, City, or Village Socity Socity Indicate Town, City, or Village	4-2-11
Sama Caliaca	101 & State St Builington WI	□ Town \ □ Village // Bat©ity	4-2-11
	<u>O'</u>	☐ Town ☐ Village ☐ Cily	
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		☐ Yown ☐ Village ☐ City	
<u> </u>		□ Town □ Village □ City	
		□ Town □ Village □ City	
		□ Town □ Village □ Cily	
ROGERT HARTWICE		or , certi	fy:
40.4 - 4.4	(name of circulator) NE ST BURLIA circulator's residence - include number, street, and inunicipality)	· · · - · · · · · · · · · · · · · · · ·	BURLING

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that faits fring this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

GAB-170 (Rev.6-2007) The information on this form is required by §§ 8.40 and 9.10. Wit. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, https://gab.wi.gov.com/il: gab@wi.gov

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wiscousiu State Senate District (jurisdiction or district of officeholder)

§.12.13(3)(a), Wis. Stats.

608-266-8005. http://gab.wi.gov. email: gub@wi.gov

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, State

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

Please mail this form to:



Rural address must also include to 1506 BEAR AP		□ Town	LINGTON	DATE OF SIGNING
	BOOK	□ Town □ Village □ Town □ Village □ City	,	03/27/
PLINGTON, WI	#107	© City City	LINGTON	03/27/
		☐ Town ☐ Village ☐ City ☐ Town ☐ Village		
		☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Village ☐ Town ☐ Village		
		☐ Village ☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Village		
		☐ City ☐ Town ☐ Village ☐ City ☐ Town ☐ Village		
		☐ Town ☐ Village ☐ City ☐ Town ☐ Village		
		☐ City ☐ Town ☐ Village	· · · · · ·	
		☐ Town ☐ Village	· · · · · · · · · · · · · · · · · · ·	
		□ Village		
		D) City		
				
		□ Town □ Village		
		□ City		<u> </u>
		☐ Town ☐ Village		1
		☐ City		
		□ Town		
		□ City		
		□ Town	· · · · · · · · · · · · · · · · · · ·	
		•		
-		□ Town		
		□ Village		
		LI City		<u> </u>
Certification of	Circulato	r		
			, certify	v:
circulator)		7 , -	•	, -
BURLINGION,	W ₀	BURLING	ION CITY	
	4-1-3		Certification of Circulator	Certification of Circulator Circulator Burlingion Drown Utillage City Certification of Circulator Circulator Corculator Corculato

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION TO: Wisconsin Government Accountability Board OPEN (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder) MISSING petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to Missing since 2/17/2011 the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, www.RecallWirch.com RecallWirch@gmail.com legislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. Indicate Town, City, or Village ■ Town □ Village 53144 □ City A Town □ Village ☐ City □ Town □ Village Q'City ∰¥evm □ Village ☐ City □ Town □ Village City □ Town 6. □ Village □ City □ Town 7. □ Village ☐ City ☐ Town 8. □ Village

		u City	
9.		☐ Town☐ Villege☐ City	
10.		□ Town □ Village □ City	
	Certification of Ci	rculator	
1, TIMOTHY H. CISLER	Annual Company		, certify:
	(name of circulator)		
I reside at 1315 RIVER K	DOLL. ST. , BURLINGTON, U	2153405	
	(circulator's residence - include number, street, and	municipality)	
district represented by the officeholder	on and personally obtained each of the signatures named in this petition. I know that each person s respective residences given. I support this recall p	igned the paper with full knowledge	of its content on the date indicated
(date)		(signature of circulator)	·
CAR MADE COMMETTERS AND ASSESSMENT ASSESSMENT		Recall Wirch	Page No. 10122
GAB-170 (Rev.6/2007) The information on this form is required. This form is prescribed by the Government Accountability Bo.		 Silver Lake, WI 53170 	1707
608-266-8005, http://gab.wi.gov_email; gab@wi.gov		com • RecallWirch@gmail.co	om

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
I JAMOS M. DISON			,	
1. 1 CHM03 M. C1807	349 Robins Run	□ Town □ Village ⑦ .	151.1	
Thus M blass	BURLWYTON WI 53705	Socily BURLLETTON)	3/11/11	
Barbara J Olson	349 Robins RUM	□ Town	,	
Dalna Dlam	Builington WI 53105	Oxcity Bulling ton	3/15/11	
3. Julie L. Stohr	37945 9181 St	pscrown 0	, ,	
Chili Z. Steth	Twin Lakos, WZ 531	Colity Randell	412/11	
4. Jacob Stohr	301 Horrestead Dr.	☐ Town	celalic	
	Twin Lakes 4/(53/8)	Dr. Village Twin Lelcos	7/8/1	
5. DUNNIS BIETSOH	9045 374 h CT	र्दी Town	//	
Down Bloth	The s' as LAKES WE 53181	City RANDAU	4-2-11	
6. IJohn WITEGISEV	34004 84th St	1 Town	, , ,	
To kelutiahin	Power lake W, 53154	ocity Pawdall	4/2/11	
7. Prostranzen	9413 401 ADC	Stown	' '	
Mana frun	Genou Cety W153128	City Kandall	4-2-11	
8.	140111 95TH ST	(3 TOWN)	1. ~ (/	
Grand Control of the	6000. GEY53128	Cily CANDUH	4-211	
9.1) DIT	40111 95th St	Town Village	41.1	
KNI NUSHUNIA	Denia CityWI 53128.	acity Xandall	1/2/11	
10.m	39405 92nd Pl.	STOWN	1//	
10. Margaret Starzy	Powers hake wi 53159	City Roudall	4/4/11	
	Cartification of Circulate	,		

1. MARK SMRZYK	Certification of Circulator		certify:
I reside at 39405 9200 PL	(name of circulator) lake w1 53159	PO BOX 156	Randall
	(circulator's residence - include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to: Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

SIGNATURES OF ELECTORS

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

608-266-8005, http://gab.wi.cov_email; gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison

	OPE!	iilk
G.	MISSI Have you seen lissing since 2/1 www.RecallYische.gma	me? 7/2011 com

DATE OF

SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

II

11

Page No.

≱(Town □ <u>City</u> □ Town Ū Village ∤ Q City □ Town

__Village A City □ Town

□ Village Z City □ Town

11

	□ Village □ City	
6.	☐ Town ☐ Village ☐ City	. **
7.	☐ Town ☐ Village ☐ City	
8.	□ Town □ Village □ City	
9.	□ Town □ Village □ City	
10.	□ Town □ Village □ City	
1, Nancy Huck Fr I reside at 8017 Valley	Certification of Circulator	ertify:
· · · · · · · · · · · · · · · · · · ·	pe of circulator) Drive Wind Lake, Wis, tor's residence - include number, street, and municipality)	53185
	tly obtained each of the signatures on this paper. I know that the signers are electronic like the signer of the signer of the paper with full knowledge of its contended given. I support this recall petition. I am aware that falsifying this certifical signature of circulator)	

Recall Wirch

P.O. Box-26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

ГО: Wisconsin Government Accountab comeial win	h whom nomination papers or declaration of candidacy for the	office is filed)	OPEN
We, the undersigned qualified electors of the	22 ^d Wisconsin State Senate District	, Vitamin D	Mil
petition for the recall of Robert Wirch	22 District State Senate of Wiscon (name of office)	\	MISSIN
from office pursuant to Article XIII, Section	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, judicial, or county officials.)	statement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	Have you seen me Missing since 2/17/2 www.RecallyFisch.co RecallyFisch@gmail.c
<u> Lefusing to represent the citizens of W</u>	<u>isconsin 22^d State Senate District i</u>	н Madison.	<u>_</u>
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
THE MINIMUMAN BY HEER PAR MANY IN	C PUID POSTO IVIDADA PARA PARA PARA PARA PARA PARA PARA		
	G PURPOSES, WHEN DIFFERENT THAN MUN IP THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Selena Brow	Burlington, WI 53105	Distribution Burling of W	4-2-11
2. 21 / 1 (Brist	557 6 DEFFERENT ST	□ Town	11/1
There day Gaste	BUNINGTON, WI 53105	acity Burtington, w	4/2/1/
3. Mell mundt	624 VIOLUEST TO	Q Town	4/2/11
	BurlingTon, WI STIDS		11911
4. Elpa lings	340 Chakel Terrace	□ Town □ Village □ City	4/2/11
5.6 . 10 +	256 Chenel prace	CI Town	
Come Blowd	Bullington at	City Bus Lencton	4/2/11
6. N. A. 201 A.	233 PAVILLIBUDA	□ Town □ Village O	// (
Junes & Williath	Bunlingson, WI	ARCHY DUPLINGTON	4-2-1)
7.		i di Town i di Village]
	 	□ City	<u> </u>
8.		☐ Town ☐ Village	!
9.		□ City	
<i>"</i>		□ Village □ City	
10.		□ Town	
		□ Village □ City	
	Certification of Circulato	r	
reside at 324 Kendal	AMCS	, certify	<i>r</i> :
reside at 324 Kenda)	name of circulator) A St Bischington	111	
	culator's residence - include number, street, and municipality)		

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

- Recall Wirch

GAB-170 (Ret. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

608-266-8005, http://gab.wi.gov comil: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Sexate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



	- · · · · · · · · · · · · · · · · · · ·		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MU	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUS	Γ ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEOF
-(-/)	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Share of Sacral	4707-84 STREET	Town prvillage D	
y	KENDSUR, INT	City THEASANT RAFFEE	3-25-1
2.n.h 1 11 .	4707 84th Street	□ Town	
Many Collien Bruis	Kenoska, UI	Oily Measurt Prairie	3-25-11
3. 50° D	4503.83 ASF	DITOWN Pleasent	V 23 - 17
I pro offra,	Kenasha WI 53147	OCity Prairie	3-26-11
4. 111 SO MA	4727 34m. ST.	□ Town → Each 19	
William I plan	KFWOMA, W	City PRAIRIE	3-27-1
5. Jana I Vildan	8361 26 are	□ Town //	
La Man and		DI Village KENOS N P	3-27-11
6.	4361-26 ans,	□ Town	-,-
Joseph CM eldmer	Karnesh ull'	□ Village FNOS HA	3-27-11
7/12/10/14	7/08 /SP AVE	D Town //	
and Zechen	KENOSH WI	□ Village BrCity FH65 FI	3-27-11
8.	4107 84 TH STREET	D Town	0 9 / 1/
		TVillage 7 LEASANT	3-31-11
2201-120	BENDSHA W, 3305 S. BROWNS ILDRING	Town T	
" Of bieras to thank		□ Village \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	4-2-11
	Bullnaton, W/53105	a city	
10.	V	□ Town □ Village	
		LI City	
	Certification of Circulato		
, Ions G	BRAIG	, certify:	
		, comy.	

Ι,	John	G Cer	tification (of Circula	ator		, certify:
	, la test	(name of circulate	· · · · · · · · · · · · · · · · · · ·		. 1	~~~	,
I reside at	4707-			NOSHA.	WI	53/42	
		(circulator's residence	e - include number, sti	reet, and municipal	ily)		
district represented by the	officeholder named in	n this petition. $oxed{L}$	know that each p	erson signed th	ie paper with fi	ull knowledge of the falsifying this cert	e electors of the jurisdiction or secontent on the date indicated difficultion is punishable under
		ease mail this	s form to:	Recal	Wirch		Branchia A A M
AB-170 (Rev.6/2007) The information of	n this form is required by §§. 8.40	and 9.10, Wis. Stats.	PO Bo	v-26 • Sil/a	orlaka M	152170	Page No. 9 2 7

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov/cmail:gab@wi.gov

(date)

GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes,

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison



True Avian of the barrier and			
	S PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	•	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1	6515 94th Ct.	☐ Town ☐ Village	115 11
gravere 170	Kenosha WI 53142	Grillage Kewoha	7-3-//
2. Lauria Evand	7305 984 Are Unit J	□ Town □ Village / , , , , , , , , , , , , , , , , , ,	11 - 11
James Dana	Kenosla WI 53142	Mcity Clubtha	4-5-11
3. M. L. A	7305 981 an Unit 5	□ Town □ Village	11-5-11
/ Mark sware	Kenisha WI 53142	proity Kendina	4-5-11
4.1/10. 1 1	7945 19 Ave	□ Town □ Village \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
While the	Kenosha, WI53143	ecity Chacha	4.5-11
5. /// h	10907 672 PL	☐ Town ☐ Village	4/5/11
MULL	Keno, WI SSIYZ	pring Kenosha	1/5/11
FUT IT	9223 74-11 575314	Town Village	4/5/11
C/m V/ V	KEND W 53142	a city rendship	192/1
7 X all Vacutt	9427 67th St	□ Town □ Village	11/5/11
Ally aguette	Kenosha, W: 53142	Scily School	7/2///
8. Credit Paralle	9-134 68th St	□ Town □ Village	4/5/11
400 (1)11/24	henosha N1 53142	Scity Kenosku	11:3111
9. 2/1/10/2/	(100361ST ST	O Town □ Village 1 / A 1	KILLIL
	Kenosnaw IS3142	recity Kenoska	11211
10. 11 1 ()	9707 64Kh StreET	□ Town □ Village	1115-11
VICK PRITZ	Kenosha W S3142	acity Kenosha	4/511
// /	Certification of Circulato	\r	
. Colava K.	Trut Chinson	, certify	7 :
111121 1121	ame of circulator)	sha WI 5314	
	dator's residence - include number, street, and municipality)	- WK , OUT & 3/4	<u>r</u>
personally circulated this recall petition and persor listrict represented by the officeholder named in this	rally obtained each of the signatures on this paper in the paper of th	er. I know that the signers are electors of oper with full knowledge of its content of	of the jurisdiction of the date indicate

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE NAME (JE THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	_
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
where the	Pleasant Prairie WISTE	O Town O Village / Lasunt Prainc	4-9-11
2 Such Frankel	Kenoshir Wi	Town Village Kendsha	4-9-11
3. Off	Pleason T Prome W33158	Drown Pleas No Prace	4-9-11
4. Edna Muc du	Kungshow W	, Town Utillage Kyuosha Wi	49-19
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town☐ Village☐ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	
9.		☐ Town☐ Village☐ City	
10.		□ Town □ Village □ City	
1. Amy Giles- Ha	Certification of Circulato	or, certify	:
1 reside at 257 old (500)	(namo of circulator) - kenosha UI culator's residence - include number, street, and municipality)	Town of Somers	·
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective respective.	nis petition. I know that each person signed the persidences given. I support this tecall petition I an	aper with full knowledge of its content on aware that falsifying this certification is (signature of circulator)	n the date indicated
FIGAS GAB-170 (Rev. 6/2007) The information on this form is required by §5, 8.40 and This form is presented by the Government Accountability Board, P.O. Dov. 7984, 608-266-8005; https://gatomicory.cmail:gat/@wi.gov	se mail this form to: Recall W 9.10, Wis. Stats. Madisson, WI 53707-7984 P.O. Box 26 • Silver www.RecallWirch.com • Re	Lake, WI 53170	1929

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



-					
THE MUNICIPALITY USED FOR MAILING			JFFICIENT.		
I HE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED,			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	ORIGINO		
"Toda abogget	10907 BOTH ST PLEASANT PRADRITESYED	2 Village Pleasant Prairie	4-9-11		
2. E. Dui Cardinahl	4303 75 St \$62 Kenosha WI 53142	D TOWN SEASING PLEASANT PRANEAS	4-9-11		
3. Day Conde	7102 3112 Ave Kcmshn, WI 5>142	O TOWN O Village Kanosha	4/9/11		
4. Justin Burke	9626 113th St Pleasant Prairie NI 57158	1 Town Offillage Pleasan Fraisin	4/9/11		
5. XI SW	C721 49TH AVE KRNOSHA NI 5314Z	U Town U Village KENOSHA Scity	4/9/11		
6.	,	□ Town □ Village □ City			
7.		□ Town □ Village □ City			
8.		□ Town □ Village □ City			
9.		□ Town □ Village □ City			
10.		☐ Town ☐ Village ☐ City			
Certification of Circulator 1, CENIA BROOKS hawk (name of circulator) (reside at 8201 66th 5t Kennusha Wi					

10.		☐ Town☐ Village☐ ☐ City	
I, <u>CENIA BROOF</u> I reside at 8201 664	(name of circulator)	f Circulator	, certify:
reside at	(circulator's residence - include number, stre	et, and municipality)	- <u>-</u> -
district represented by the officeholder na	and personally obtained each of the signanced in this petition. I know that each perspective residences given. I support the residences given.	rson signed the paper with full knowled	ge of its content on the date indicated his certification is punishable under
GAB-170 (Rev.6/2007) The information on this form is required This form is prescribed by the Government Accountability Board, 608-266-8005, http://gab.wi.gov email: gab@wi.gov	P.O. Box 7984, Madison, WI 53707-7984	Recall Wirch x 26 • Silver Lake, WI 53170 /irch.com • RecallWirch@gmail.e	Page No. 1930

го: <u>Wioc</u>	<u>consin Govern</u>	neut Accou	udabilitu B	oard

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of ofliceholder)

petition for the recall of Robert Wirch 22"

§.12.13(3)(a), Wis. Stats.

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	TALWAYS BE LISTED,	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
I. ()	5585 63 St	□ Town	, .
Laran Sudder	Kehosha	O Village Kenosha O Town O Village Kenosha	2/26/11 Ha/11
/20 Mr. 1 Ch	407-68h St-	□ Town	. ,
(Tyly & Yoganson	Kenosha	o Village Cenosha	4/9/11
3.		□ Town	
		U Village	
		☐ City	
4.		☐ Village	
		□ City	
5.		□ Town	
		□ Village □ Cily	
		☐ Town	
6,		□ town □ Village	
		☐ City	
7.		□ Town	
••		☐ Village	
		City	
8.		□ Town □ Village	
		City	
9.		☐ Town	
21		□ Village	
	 	□ City	
10.		☐ Town ☐ Village	
		☐ City	
. Margaret Macht reside at 1134 22 Ave	Certification of Circulato	or, certify	<i>y</i> :
(n:	ame of circulator)		
reside at 1134 AL Ave	Kenosha		
(circu	lator's residence - include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Margarel Macht
(signature of circulator)

Please mail this form to: Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §5. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

608-266-8005, https://gab.wi.gov cmail: gab/g/wi.gov www.RecallWirch.com • RecallWirch@gmail.com

.O: Wisconsin Government Accountability Board

(official with whom numination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING			JFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	I ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Milliam I Stone	1072 288th ave	A Town Utilage BRIGHTON	3-2-11
2 Jedo P. Shre	1072 288 Dec	ATOWN BOIGHOOM O City	3-2-11
3. (Murain Nun	23320-84msz	Town Salem	3 2 11
4. Milallo Barrer	11325 the at 15	Trown Pleasant Plassie	3/3/11
5. Lebecca Zee optor	5912-564h Ave.	U Town U Village RIGily Kerioska	3/4/11
" Actalia (Welle	7944 39 Ave	Village Kencska U Town U Village Kencsha D Village Kenusha	3/7/11
7.		□ Town □ Village □ Cily	
8.		□ Town □ Village □ Cily	
9.		☐ Town ☐ Village ☐ City	
10.		□ Town □ Village □ City	

ı, Şa) ((),	au E.	Prive	Certifica	tion of Circ	ulator		, certify:	
I reside at	7904	38 th	of circulator) ### Comparison of Comparison	Kenos	ha			
		(circulato	r's residence - include	number, street, and muni	cipality)			
I personally circulated the district represented by the opposite his or her name. §.12.13(3)(a), Wis. Stats.	officeholder I know their t	named in this pe	tition. I know th	at each person sign	ed the paper wi	ith full knowledge o	of its content on the	date indicated
3.12.19(3)(4), (113/3)	$\frac{H-Y}{\text{(date)}}$	- 1(- Willed	signali	ure of circulator)	4	
		Dioaco n	gail this form	to:	O MAP I.			

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

RECALL PETITION TO: Wisconsin Government Accountability Board OPEN (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22th Wiscousin State Senate District (jurisdiction or district of officeholder) 22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to Missing since 2/17/2011 the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, www.HecallWirch.com RecallWirch@gmails legislative, judicial, or county officials.) Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Indicate Town, City, or Village Rural address must also include box or fire no. □ Town Village Z City ∏ Town 2. □ Village □ City □ Town 3. ☐ Village ☐ City □ Town 4. ☐ Village ☐ City □ Town 5. □ Village ☐ City ☐ Town □ Village ☐ City □ Town 7. □ Village □ City □ Town 8. **U** Village City City ☐ Town 9. □ Vitlage ☐ City ☐ Town 10. □ Village ☐ City **Certification of Circulator** , certify: (name of circulator) I reside at (circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

GAB-170 (Rev. 6/2007). The information on this form is required by §\$. 8-40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53/107-7984.

608-166-5003, http://gob.wi.gov/cmail/gab@wi.gov

Please mail this form to:

form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

rΩ·	Historia	Спионицион	Accountability	Roand
IO:	wwww	Ouvernment	Accountance	Dimitt

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be staiced on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



hi .	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.		
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	Γ		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
	9110 Prairie VillageD	Town Plansant	m\ . \		
Shamiel Staniel	Kenssha, W153142	City Prairie	3/13/11		
2.	,	□ Town	2/01/4		
TAI STORE	6109 54 MHVE	G-City KENDSM	5/13//		
3.01 ///		□ Town	31.21		
Jan My	-1011-51st Ave	Brity Kendong	3/13/11		
	3923.515 Ave	CI Town	1 1		
Sarrel A- long	Kenosha 4) 7 5344	Village Kenesh	3/14/11		
5. 7	3923 5/AE (100)	☐ Town			
Fantle (Jones)	Kenisha WI 53144	City Kenach	3/14/11		
of no	6214-6481	XTown	3/16/11		
Mella Mellan	Kenosha, WI 53142	ocity Somers	9/16/11		
7. 1/2 11 0	4020 85th ST	C Town Pleasant	1 1		
Inenda (1/3000	Benosta CUT 53142	City Prairie	3/18/11		
8.	4020 854h St.	Town Pleasant	-11		
cracy N. Dan	Kenosha, WI 53142	Cily Prance	3/18/11		
9.	,	□ Town			
		□ Village □ City			
10.		CI Town			
10.		☐ Village ☐ City			
	<u> </u>	2 010	<u> </u>		
O O O Gertification of Circulator					
1, July // Class Julie Mellon certify:					
1 reside at 16214-64	the of circulator) Kenosha, WI	53142	·		

I reside at	162	114 - 6 4 54 (circulator's residen	tor) Kenos ce - include number, street	α	53142		
district represe	nted by the officeli her name. I know t	petition and personally obtain older named in this petition. I their respective residences give	know that each pers	son signed the parall petition. I am	per with full knowl	edge of its content on the	he date indicated
	` ,	Please mail th	is form to:	0 M			

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. John Mall	Blog MAA AVE	Town go Village B(15)	3-16-11	
2. Leely Mydall	8100 14444 Aux Bristol, WI 53104	Oronn Oraliage Bristol	3-16-11	
3.		□ Town □ Village □ City		
4.		□ Town □ Village □ City		
5.		□ Town □ Village □ City		
6.		□ Town □ Village □ City		
7.		□ Town □ Village □ City		
8.		□ Town □ Village □ City		
9.		☐ Town ☐ Village ☐ City		
10.		☐ Town ☐ Village ☐ City		
Patricia Coddington Certification of Circulator , certify:				

1, Patricia Coddington	Certification of Circulator	, certify:
I reside at 8133 - 144th Ave	Bristal, W1 53104	··································
(circul	lator's residence - include number, street, and municipality)	
district represented by the officeholder named in this	ally obtained each of the signatures on this paper. I know that the petition. I know that each person signed the paper with full know dences given. I support this recall petition. I am aware the talking the paper with the paper with the paper with the paper with the paper.	owledge of its content on the date indicated
4-7-11	tatricial ways	
(date)	(signature of cheulat	(or)
Please	mail this form to: Recall Wirch	D 11 1/4 2 C
GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10	D. Wis. Stats. PO Box 26 . Silver Lake IVII 531	170 Page No. 10/35

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8003, http://gab.wi.gov/cmail: gab@wi.gov

O: Wisconsin Government Accountable	RECALL PETITION Lity Board		OPEN
	whom nomination papers or declaration of candidacy for the		JIIN
Ve, the undersigned qualified electors of the	LE WISCONSIN STATE SENATE VISUITE (jurisdiction or district of officeholder)	t Vitamin	PHICKING
etition for the recall of Robert Wirch	•	N "	MISSING
om office pursuant to Article XIII, Section 1	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
he reason for recall must be stated on petitions fo		The reason must be related to	Have you seen me? Missing since 2/17/201
e official responsibilities of the officeholder. No a Aslative, judicial, or county officials.)	statement of reason is requirea to initiate the re	can of state, congressional,	www.RecalfWirch.com RecalfWirch@gmail.com
husing to represent the citizens of W	isanusiu 27d Clata Caucia Distriat	iu Modisau	:
eficound to represent the citizens of to	without 22 State Senate Distract	in Authorson.	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·		
T		Work of brother to the	
	G PURPOSES, WHEN DIFFERENT THAN MU IF THE MUNICIPALITY OF RESIDENCE MUS	•	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
.// ////	11105 Z33 AVE	ST Town	4/8/11
Sommer My		Ocity SALEM	/ /
2.	11105 233NL AVE	ASTOWN SALEM	1//1
Marine agnes)		a city TREVOR	4/8/11
. ()		C) Town C) Village	
		☐ City	1
		☐ Town ☐ Village	
		□ Cily	
		□ Town □ Village	1
		Cily	
		□ Town □ Village	-
		☐ Cily	
		☐ Town ☐ Village	1
		□ City	
		□ Town □ Village	
		C City	
		☐ Town ☐ Village	1
		□ City	
),		ପ Town ଘ Village	
		☐ City	
Kristin Agne	Certification of Circulat	Or , certii	fy:
UI UIII . IU MI	name of circulator) 1 KO 10 1 Ch	a WI 53144	
reside at $\frac{1810-15}{60}$	culator's residence - include number, street, and municipality)		-
·	• •		
personally circulated this recall petition and person strict represented by the officeholder named in the			
posite his or her name. I know their respective re			
12.13(3)(a), Wis. Stats. 4/9/2011		(Carea)	-

Please mail this form to: Recall Wirch

GAB-170 (Rec.6/2007). The information on this form is required by \$8, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Reard, P.O. Box 7984. Madison, WI 53707-7984

WWW.RecallWirch.com • RecallWirch@gmail.com

EO: Wisconsin	Government Acci	vuutabilitu	Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	ling purposes, when different than mun e of the municipality of residence must		OPPLEMATE:
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF
2-18-	146 N. Elmwood free Builington, WI 5345	U Village DXCity Bulling for	4-3-1
MAL	Bullington, WI 53105 148 N. ELMWOOD AVE. BURLINGTON, WI 53105	DYCliy Bulling for Drown Village Droity BURLINGTON	4/3/
		☐ Town ☐ Village ☐ City	
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		☐ Town ☐ Villege ☐ City	
		☐ Town. ☐ Village ☐ City	
		□ Town □ Village □ City	

		ц сиу		
I, THEODORE J. ENLE	Certification of Circulato		certify:	
(na	me of circulator)	•		
I reside at 148 N. EMWOOD A	VENUE, BURLINGTON, WI	23101		
(circul	ator's residence - include number, street, and municipality)			
I personally circulated this recall petition and personal district represented by the officeholder named in this opposite his or her name. I know their respective residence	petition. I know that each person signed the pa	per with full knowledge of its co	ontent on the date inc	dicate

Please mail this form to:

(signature of circulator)
Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1937

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 56-8005, https://index.org/least-wi-gov email: gab@wi-gov
W

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



Rural address must also include box or fire no. 1. Crathicuta & Byrke Ph. Re by Dividing City Plasant Pearrie 4/9/ 2. France Parks Kanssys Wiscors Dividing City Read Partie 4/9/ 3. Alayne address must also include box or fire no. 1. Crathicuta & Byrke Ph. Re by Dividing City Plasant Pearrie 4/9/ 2. France Parks Wiscors Dividing City Read Williage Franchis Ministry Williage Franchis Silv Renostra 4/9/ 4. Lathy Byrke Williage Resolute 4/9/ 5. David Zapencki 39/17 18 Aue Dividing Kerostra 4/9/ 6. Adie ama Environt Williage Kerostra 4/9/ 6. Adie ama Environt Williage Kerostra 4/9/ 7. Crita Ministry Williage Franchis Williage Franchis A/9/ 7. Crita Williage Franchis Williage Franchis A/9/ 8/21 65 7/4 Ave Dillower 4/9/	-			
SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rumladdress must also include box or fire no. 1. Patricua & Burke Ph. Re WI 2. Frong Punko Farris Williage Carollo Willage Williage Carollo Williage 3. Alauna addate Kenosha W Town 4. Lathy Zapinchi 5. David Zapencki 6. Adie ame Tenosha W F3140 Strom Signinc MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village Signinc 1. Orathicua & Burke Ph. Re WI 2. Frong Ph. Re WI 6. Signinc 1. Orathicua & Burke Ph. Re WI 1. Orathicua & Burke Ph.		•	·	UFFICIENT.
1. Patricia & Burke Pho Pre WI City Plasarit Paairie 4/9/ 2. Fronge Pelanto Lanston Williage Plasarit Paairie 4/9/ 3. Alayna addalle Kenosha WI Scity Kenosha 4/9/ 4. Lathy Zapenchi Kensha Stathy City Kenosha 4/9/ 5. Davin Zapenchi Kensha Scity Kenosha 4/9/ 6. Adie ami Kenosha W 53180 Stiy Kenosha 4/9/ 7. City Williage Kenosha 4/9/ 7. City Williage Kenosha 4/9/ 8/20 8/21 1874 Aug Crown 5933 PERSTANG A Grown 5933 PERSTANG A Grown 6. Adie ami Kenosha W 53180 Stiy 6. Adie ami Kenosha W 53180 Stiy 6. Adie ami Kenosha W 53180 Stiy 7. City Williage Kenosha 4/9/1		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
2. Fronce Pedanto Gaza 270 Suc John Village Land III VIII VIII VIII VIII VIII VIII VII	Patricea & Buske	4 4 1 1 4 1 4 2	Town DI	4/9/11
3. Alauna addalle Kenosha W Wilage Kenosha 4/9/ 4. Kathy Zapanchi Kenosha W Wilage Kenosha 4/9/ 5. David Zapanchi Kenosha W 53140 Sity Kenosha 4/9/ 6. Adie ami Kenosha W 53140 Sity Kenosha 4/9/1 7. Cha Sizi 6512 Ave Wilage Kenosha 4/9/1 8/21 6512 Ave Wilage Kenosha 4/9/1			D Village	4/9,201
5. Davin Zapenchi Kensha Gity Kensha 4/9/ 5. Davin Zapenchi 39/17 18 4 UK Gity Kensha 4/9/1 6. Adie ama Kensha w 53/40 Sity Kensha 4/9/1 7. Cha Sizi 65/7 Ave Wilson 4/9/1	3 alaune addarte	1	□ Town □ Village	4/9/24/
6. Auth ZAPENCKI KENGSHAW 53140 Sty KRIOSHA 4/9/1/ 6. Adie ami KENOSHA, WI53140 Horm KENOSHA, WI53144 Horm 7. CINC. L. BIZI 65 TA Ave William 4/9/1/	4 Lathy Zapenchi	3917-18 ave Kensha	Q Village V	4/9/11
7. CINCLE BIZI 65 Th Ave Willege to 4/9/1	5. DAURD ZAPENCKI		Village KRIOSHOF	4/9/11
1. Village 14/9/11	6. Odie ami	5933 PERSHING LL KENOSHA, WI53144	Village // LI OCI/LI	4/9/11
	1. GW Jeguer			4/9/11
Darsa Military Kenosha WI 53142 Deily Kenosha 4/9/1	Darda Miliolais	Va - 1 . T 521/12	□ Village /	4/9/11
thirty Northe Paddock Lake WISSIDS Octor Paddock Lake 4 9/1	thirty Nantine	0.500.	William Paldock Lake	4/9/11
10. Peter Plex Pleasant from wZ53158 City Pleasent Prin 4/9/1	10. Peter Plex		Village	4/9/11
Certification of Circulator , certify:	, Amy Giles- Maurer	Certification of Circulato		/;
I reside at 357 Old Green Bay Rd - Kenosha WI Town of Somers (circulator's residence - include number, street, and municipality)	I reside at 357 Old Gr	ruen Bay Kd - Kenosha	WI Town of Some	<u></u>
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdict district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date ind opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable un signature of circulator.	district represented by the officeholder named in this opposite his or her name. I know their respective resides. 12.13(3)(a), Wis. Stats. 4-9-11	petition. I know that each person signed the person signed the person is supportationally and the person is a supportation.	aper with full knowledge of its content of aware that falsifying this certification is	on the date indicated

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	· · · · · · · · · · · · · · · · · · ·
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Vot (7.1.	10311 66+ HUC GAT 3-D	Town Town Town Town	
ille Olls	PLOASANT PRARIC WE	City LCASANT RAISE	3-13-11
2. 1 1 1 1 1	10311 66h 30	□ Town	1 ,
nowth I Meson	PLEASINT PRAIRIE	City / lasgut / rain', a	3/18/1
3.	4115 8951	□ Town	17
Julisalam	12 ropsha (1)	Village RehoshG	3/26/11
4///	H115 895+	□ Town	
Mullim	Langsing WI	Willage Kenoling	3/26/11
5/10/	17157 57th Ave	□ Town	100461
Iller Se	Pleasant Prairie W=5358	Davillage Pleasant Prairie	4/1/11
600	12152 374 A	□ Town	, , ,
Sdalez	Plansant Prairie WI 53/56	Distribute Prosant Prairie	4/1/11
7.	10533-88th Place	□ Town	
· fratisteren	Pleasant Prairie W1,53152	Orillage Pleasant braince	4/1/1
8.	6208 - 32th Ave.	Town (2.7 MAS MA)	
Jame Varel	1 Lywoste, WI 531412	□ Village ノンドルのライイ G YSi ty	4/6/11
9.	7	☐ Town	
		☐ Village ☐ City	
10.		C Town	
10.		□ Village □ City	
	<u> </u>		
FIRENE HAINAULT	Certification of Circulato	r	

	-					, certify:
I reside at 8040	48	AVE (name of	circulator)	, wi	53142	<u> </u>
		(circulator's	residence - include number, street	, and municipality	y)	
						ners are electors of the jurisdiction or
						ge of its content on the date indicated
			es given. I support this rec	all petition. 1	am aware that falsifying t	his certification is punishable under
§.12.13(3)(a), Wis. Stats.	11/01				Jain all	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

	RECALL PETITION			
TO: Wisconsin Government Accountabil	ily Bathul Thom nomination papers or declaration of candidacy for the	ntier is tilsti		<u>OPEN</u>
We, the undersigned qualified electors of the $\frac{2}{3}$			Vilamin L	Mill
	2 District State Senate of Wiscon (name of officeholder to be recalled and office)	us in		MISSING
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10	of the Wisc	onsin Statutes.	
S (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No stategislative, judicial, or county officials.)		The reason m		Have you seen me? Missing since 2/17/20 www.Rece!Witch.com ReceilWitch.2 gms/l.com
<u>Rehising to represent the citizens of Wi</u>	scousiu 22ª State Searte District i	in Madise	(L	
13	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS			SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	1	PALITY OF RESIDENCE te Town, City, or Village	DATE OF SIGNING
1) Killer Dundamit	2310.24 65	⊒ Yillage	V .	11.2 2.11
Marrin Christines,	Leussia, WI 53140	A City	benosha	1001001
2 MANI LINDOUNG	12310:24 SV Kenoslic, WI 53140	☐ Town ☐ Village ☐ KCity	Kenroha	4.3.201
3.		☐ Town ☐ Village ☐ City		
4.		☐ Town ☐ Village ☐ City		
5.		City		
6.		⊒ Town ⊒ Village		
7.		☐ City ☐ Town ☐ Village		
8.		2 Town 2 Village		
9.		☐ City ☐ Town ☐ Village		
10.		☐ City ☐ Town ☐ Village		
		2 City	- Tarabana bila da ana ana ana ana ana ana ana ana ana	
1. April Lindqui	Certification of Circulate		, certify	v:
1 reside at 2310 - 24 C	street Kenoska lator's residence - include number, street, and manicipality)	لتن	53140	
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resis §.12.13(3)(a), Wis, Stats.	petition. I know that each person signed the p	aper with ful	I knowledge of its content of	on the date indicate

7 Recall Watch P.O. Box 25 • Silver Lake, WI 5J170 National Recognition of the Second Property of the Second Second

Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 668-266-8005, http://gab.wi.gov email: gab@wi.gov W

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



		 -	
	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	,
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Charatina Discisso QO	6502-108+6 AVE	o Town O Village Netty Kenosha	02/24/11
CI VIII VIII VIII VIII VIII VIII VIII V	Kenasha, WI 53142	Spelly METIOSTIC	007007/11
2. 7	10970 60 TNI 53/47	Orong Village Kenusha	02/26/11
2	10914 6674 55	□ Town	
3. HPazme	10 Grossing in	Village Kand 144	62/26/11
4. Man dien	10915-664 57	Town Village KENUSHA	الالعراد
20 Car. Co-20 C	KENOSHA, W) 53142	City CERTOS ATT	2/25///
5. About 2000	10909 6H154	□ Town □ Village	2/57/11
- Company and a	Konos ha Wit 19317)	OUT RENDSIA	7/21/1
6. A. M.M.	1512 10: 16 am	O Town O Village	2/27/11
7. 4	6:19 1031h	□ Town	1/1///
(7.04)	Ken 1319 53147	Procity Children	2 27
8. 1- 1 0 /1	6513 100 Ave	□ Town □ Village \ / -2 . \ \ ⊂ /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Vatur Jal	Ke, 105/10 VI 53149	Village Kenushia	11/1/1
9. Saki Auriz	61513 108 AVE 53191	orown Kenosha	2-27/1
10. 7/	1,513 108th Ave	☐ Town	
Henrida layrazizar	Kenisha WI 53142	ovillage Kenosha	2-27/1
1. Andrew Roenkol	Certification of Circulato	or , certify	·:
I reside at 6502 /087	me of circulator) AUC Les 05/10 (ator's residence - include number, street, and municipality)	wi 53/4	
(cucii	nation's residence - include number, street, and municipality)		
I personally circulated this recall petition and person	ally obtained each of the signatures on this pap	er. I know that the signers are electors of	of the jurisdiction or

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov_email: gab@wi.gov

GAB-170 (Rev. 6/2007). The information on this form is required by §§ 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984.

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT S ALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
. D M 5 M	7823 Greenbay rd	☐ Town	10/1
· darde 2000	Kenosha, Wisconsin	tacity Kenosha	2/26/11
. 1 / / / -	6501 108th avo	☐ Town	2/ -/4
Dut L	Konosha Wisco, ISINI	Cily Ke U. YU	4/2/11
. / 0 1	11006 65K St	□ Town □ Village	121.1.
1200 W300	Kerosla, Wisconsia	proity Kenisha	427/11
11 11 11	11012 651H St	Town Utiliage 1/1	1 1 10 -11
1 Unix Willer	Konosty WI	Substity VIVO	1212/11
(1/1/1 - ()	11012 65 15 51.	□ Town □ Village	المحام
MILLE	Kenicha, WI 53142	oxcity Kertershor	2/27/11
	64/20 111 the	☐ Town ☐ Village	1 / /
french and	Kuns 8/11 an 53/42	Dicity Knews	2/29/1
1 1 1011	6510 11th Ave	U Town	1 , ,
Survey Oth	Kenusha wis	williage Kenusha	2/27/11
3. 1	Some as above	□ Town □ Village	0 10-14
Venisia OII-14ES	6570 111th Are Kencsha Wi	Scily Kenosha	2/4/11
. ////	1/0/4/plath 5:t	☐ Town ☐ Village	2/27/
	Kenish & WHONE	NOTCHY KINGL	0/0///
	11003 lobsi	☐ Town ☐ Village	15/- /
Tallreo lime	Kenosha WI	Acity P 4105 ha	77/
4 .	Cartification of Circulate		
Andrew Rooks	Certification of Circulate		fy:
	ame of circulator)	has Mi EZ	142
eside at 600 (circu	ilator's residence - include number, street, and municipality)	100 00/	/ ~ ~
		per. I know that the signers are electors	

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

n to: ___ Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

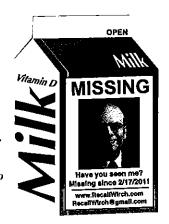
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



			
	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
A -	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Mul & levating	3870 LAKE SHUTE DI	Town 53158	3/20/
1 -CV J PURCOLL		D'City PIC POPINI PI	11106
2.		□ Town	
		☐ Village ☐ City	
•		□ Town	
3.		□ Village	
		□ City	
4.		□ Town □ Village	
		☐ City	
5.		□ Town	
J.		☐ Village	
		□ City	
6.		☐ Town ☐ Village	
		□ City	
7.		□ Town	
<i>'</i> .		□ Village	
		□ City	
8.		□ Town □ Village	
		□ City	
9.		□ Town	
9.		□ Village	
		□ City	
10.		☐ Town ☐ Village	
		☐ City	
		·	

1, (JACKIE PLAUC	Certificat	tion of C	irculator		
1, <u> </u>	<u> </u>				ertify:
I reside at 8722 LAKE	tor's residence - include	number, street, and	Pleasar Imunicipality)	IT Prairie	NI
I personally circulated this recall petition and persona district represented by the officeholder named in this popposite his or her name. I know their respective resid	etition. I know that	at each person	signed the paper with	n full knowledge of its cont	ent on the date indicate

Please mail this form to:

/ Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1943

GAD-170 (Rev. 6:2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Dox 7984, Madison, WI 53707-7984
668-266-8005, http://gub.wi.cov/cmail: gab@wi.gov/

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is fled

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22" District State Senate of Wisconsin

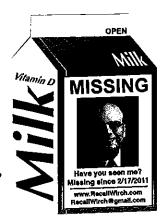
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
— A	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
"Low Lowenbin	650 108th AVE 1 Kenjork W 63140	D Town D Village Arcity Kowynth	J-27-6
2. Buth Langer then	6501 108th ave Kenosha, WI. 55142	D Town D Village Da City Kenasha	9.77-6
Dehn J. Wolchuk	Kenusha, WISC 53142	O Town O Village A City Kenosha	2-27-20
The WMZ	10812 6744 St Kenosha, Wi 53142	U Town U Village Weno Sha	2/27/20
Recle Schafman	10908 674 57 Kenosha W1 53/4	D Town C Village Ken65 ha	3/27/11
Heather Kosterman	LOSOI 108th AUC Kenesha DI 53142	O Town O Village Society City	2-27/11
Troy Kosterman	6501 108th Ave Kenosha, WI 53142	orown Collago Kenosha	02/24/11
3.		☐ Town ☐ Village ☐ City	
).		☐ Town ☐ Village ☐ City	
0.		☐ Town ☐ Village ☐ City	

1. Andrew	Roge/coh) Certific	ation of Circulator	, certify:	
I reside at 6502	(name of circulator)	de number, street, and municipality)	W: 53/42	·
	nll petition and personally obtained each	of the signatures on this paper.	I know that the signers are electors of the jurisdic	

The signatures on this paper. I know that the signatures of the signatures on this paper. I know that the signers are electors of the jurisdiction or strict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated site his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 3(3)(a), Wis. Stats.

(9^{6(c)} / Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Modison, WI 53707-7984

608-266-8005, http://gab.wi.cov/email; gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Page No.

	KG PURPOSES, WHEN DIFFERENT THAN MUR OF THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jeografia,	1157/ 14th Ave Plexant Pravil	Town Plantit	3-17-1/
2. Ruy Riat	11105 42 nd Aug Placsant Prairie	Town Pleasent Scillage Prairie	3-17-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		□ Town □ Village □ City	
6.		☐ Town ☐ Village ☐ City	
7.		□ Town □ Village □ City	
8.		☐ Town ☐ Village ☐ Cily	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	
I, NEIL 1305 EN BAUT, 1 reside at 1617 LAME in	Certification of Circulator	or <i>ASIANT</i> , certify W1 53403	<i>:</i>
	culator's residence - include number, street, and municipality)	W1 33702	
I personally circulated this recall petition and personal personally circulated by the officeholder named in the opposite his or her name. I know their respective re §.12.13(3)(a), Wis. Stats. 4-7-1/	is petition. I know that each person signed the p sidences given. I support this recall petition, Lan	aper with full knowledge of its content of	on the date indicated
(ங்டி) Pleas	se mail this form to: Recall M	(signature of circulator)	

P.O. Box 26 • Silver Lake, WI-53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

SIGNATURES OF ELECTORS

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

603-266-8005, http://gab.wi.gov cmail: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Dural address must also include how as the an

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



DATE OF

MUNICIPALITY OF RESIDENCE

Page No.

	Rufai audiess must also include dox of the no.	indicate fown, City, or village	- CICILITO
1. 1/2 /	4121 24th Ave	U Town	4.7.11
I My North	Kenosha, WI 53140	profity Menosya	1 1 1/
2 Kennetty & Rope	7004-55 St Kenosly WI 57142	Drown Lenosha	4-7-11
3.		☐ Town☐ Village☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town☐ Village☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		□ Town □ Village □ City	
8.		☐ Town ☐ Village ☐ City	
9.		□ Town □ Village □ City	
10.		□ Town □ Village □ Cily	
I, JOEL D. PETCH I reside at \$315 100 H A	Certification of Circulate	or	
1, 1066 x 10/0/	(50 D	, certify	' :
I reside at <u>\$315</u> 10° H	ulator's residence -include number, street, and municipality)		
(Circ	ender a residence - include number, succi, and mornerpainty)		
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective res §.12.13(3)(a), Wis. Stats.	s petition. I know that each person signed the p	emer with full knowledge of its content of	on the date indicated
(defic)		(signature of circulator)	
Pleas	e mail this form to: Recall V	Virch [1

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

608-266-8005, http://gab.wi.gov.comail: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscousin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			·
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
		Indicate Town, City, or Village	JIGINING
Molmo	7716 38th Street KHNW/AM, L.F. 53144	U Town Somes	4/8/11
2.	-	□ Town	
······································		☐ Viltage ☐ City	
3.		□ Town	
		□ Village □ Cily	
l,		□ Town	
		□ Village □ City	
i.		☐ Town	
•		□ Village	
		□ City	
5.		□ Town □ Village	ļ
		□ City	
•		□ Town	
		T □ Village □ City	}
l.		□ Town	
•	<u> </u>	□ Villege	
· · · · · · · · · · · · · · · · · · ·	 	☐ City	· · · · · · · · · · · · · · · · · · ·
) .	· · · · · · · · · · · · · · · · · · ·	□ Village	
		□ City	
0.		□ Town □ Village	
		City	
Marson I AM AL	Certification of Circulate (name of circulator) Conusha (Somers) Massing	or	<u>*</u>
0 1 10 (0)0 1 2 11 11 190	(name of circulator) To 1 -	, certify	/ :
eside at 77/6 38-1 Strate	Kenusha (somes) Mash	19	
· ·	circulator's residence - include number, street, and municipality)		
ersonally circulated this recall petition and pe	rsonally obtained each of the signatures on this paper	per. I know that the signers are electors	of the jurisdiction
rict represented by the officeholder named in	this petition. I know that each person signed the p	saper with full knowledge of its content of	on the date indica
osite his or her name. I know their respective	residences given. I support this recall petition. I am	n aware that falsifying this certification is	s punishable unde
2.13(3)(a), Wis. Stats. 4/8///	· //h-)	1 /	; • •
(date)		(signature of circulator)	
	ase mail this form to: Recall W	Virch I	. /
170 (Rev.6/2007). The information on this form is required by 48, 8.40 a arm is prescribed by the Government Accountability Board, P.O. Box 79	nd 9.10. Wis State D.O. Dove O.C. a. Cillague		1947

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

District State Senate of Wisconsin petition for the recall of Robert Witch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



			
	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. PlDy	5503-43 AUE.	□ Town □ Village KENUSHA &City	3-11-11
2. Anhard Kas	4929 38th Alt	U Town U Village UCity	31-11
3. Noya fatel	RENOSHIA , wi	□ Town □ Village t≰City	3-11-11
*Janny Vela	Kenosha WF	U Town U Village CM OSha	3-11-11
5. As A Service	K- Tourns	D'Town D'Village DCily DOWN	3/1/19
6. While I have	VENOSHA WI	D Town D Village Scily	3/24/11
7. Many Susal	Kensshe, wit	City Kemphe	3/24/11
8. Graffor	6323 39 Mar.	U Town U Village Sectiv Kenosha	3/24/11
" Sandy Pecha	2107 6951	overtown O Village Cacity Kewasha	3/2/1
10. Bridget Delash	1118 68th Freet Kenosha, W153140	O Town O Village Decity Kenosha	3/29/11
Certification of Circulator			
1, CEMIN PUCO	me of circulator)	, certify	:
I reside at 8201 (694 Street, and municipality)			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to: Recall Wirch GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, <u>http://gab.wi.gov</u>-email: gab@wi.gov

Page No.

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

petition for the recall of Robert Wirch

22^d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	3101411/0
1. () 1. () 1. 1. 1.	8635-233 AVE	☑ Town ☐ Village	.
Chame Lagar	SALEM, WISE,	o city SALEM	32.11
c. sugar Morahl	8635 233 AM	√2 Town	-11
a file Mitarane	Salim Wisi	Ocity SALEM	3/2/11
3.62 11 1	Plant Dravie WS	D. Tours Of /	26/11
"Dell 1912	6205-85453158	St Village / Papant	3/2/11
	2013-1/04/110	□ Town	7-7
(Suder + (m)	of pupille 127	City Lenosha	3-2-11
- Francisco	19818 864h 54.		-
5. (east anexon	178/8 80 37	Davillage Bristof	5-3-11
	Pleasat Prairie, WI	□ Town Ω	12 ./
6. KEAL N. Mayor	8483 NORTHULEW DR.	M Village PROSON (Some	3.4-11
		□ City	_
7. Juni Schlatte	4808-454 HUE	U Town VILLOUS HA	3-8-11
Jun June	[EENOSHA WI 53144	City	
8. 4	6846-5+ Que.	□ Town	, ,
Moria J. Umeson	Kenesha, WI 53143	Divillage KENOSHA	3/20/11
9.	6940 5th AVE.	□ Town	, ,
9. Ja /	KENOSHA, WI 5314/3	Village VENDSIAA	3/20/11
	ENOGINA, WITTE	(a) only	7
10.		☐ Town ☐ Village	
		City	
non a d	Certification of Circulato		
I. /パ.ガガがw	AUGUSTINE	, certify	:

	. Cei	tification of Circulator		
I,	MATTHEW AUG	tification of Circulator	, certify:	
I reside at	(name of circlula	vosha, W1.53,44		
	(circulator's residen	ce - include number, street, and municipality)		
district represen	ulated this recall petition and personally obtain led by the officeholder named in this petition. er name. I know their respective residences giv	I know that each person signed the pap	er with full knowledge of its content on	the date indicate

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §,9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Scatt Deruh	7985 200 AV	□ Town □ Village	3-5-1
a M	6101 97rd Mc	BIDMA UVillage Kenoshul DI-City	3-5-
70m Bunch	1135 77th St.	Town PLYASANT QVillage City Prairie WI	3-5-1
Deine Kling	6514 48 ThAU	O Town Ke hosiva	3-51
hum S mitmoen	6017 654 Street	Town Kenosha	3-5-1
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ Cily	
		☐ Town☐ Village☐ City	

ļ,	Certification	of Circulator	, certify:
reside at _	Cocyonal Provi	ME, WI	,,,,,,,,
	(circulator's residence - include number, si	treet, and municipality)	
listrict repre: opposite his o	circulated this recall petition and personally obtained each of the signs estated by the officeholder named in this petition. I know that each por her name. I know their respective residences given. I support this), Wis. Stats. (date) Please mail this form to:	person signed the paper with full know	ledge of its content on the date indicated ng this certification is punishable under

GAD-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

608-266-8009, http://gab.wi.gov email: gab@wi.gov www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom numination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22" District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.

	OPEN
	97 EN
	Milk
Vitamin D	MISSING
1	(2)
•	
7	18
	Have you seen me? Missing since 2/17/2011
	www.RecellWirch.com RecellWirch@gmail.com

The animode at 1994 none per section	NAME OF THE PROPERTY OF THE PR		
THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	EICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT,
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE		1
SIGNATURES OF BEEC TORS	Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
1	146 E. Maria Ct	Indicate Town, City, or Village Town	
Wm. Q. Thomsel	Twin Lakes W 53181	Dallage Twin Lakes, Wi	3/05/2011
2.	146 & Main ST	□ Town	
Deleth	Linda A Thombar 53101	cicity Wife (off W)	3-5-2011
3.0 0	27408 CARA	₽ rTown	= 0 0011,
BOB BORK	Budingto Wing	U Village POVIR	3-5-20
4. Sinda X. Millams	Buslinden WI	Strown O Village O City O City	3-5-2011
. 5.) /	□ Town	
		다 Village 다 City	
6,		CJ Town	
		☐ Village ☐ City	
7.		Q Town	
,		☐ Village	
0		☐ City	
8.	•	☐ Village	İ
		□ City	
9.		☑ Town ☑ Village	
		City City	
10.		□ Town	
		☑ Village ☑ City	
	Certification of Circulato Re ne of circulator) no Sha WI Town	r, certify	
	ator's residence - include number, street, and municipality)	VVI OVIV	***************************************
personally circulated this recall position and assessment	35 5 1 1 1 6 1 1		

(executator's restorace - metode number, street, and mantelparity)
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that faisifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

GAB-178 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

this form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53703-1984 6U8-266-8005, https://gibi.ic.org/analt/gob@wigos

P: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22dd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	· · · · · · · · · · · · · · · · · · ·		
	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1		☐ Town	
nancy G. Wich	7858 17 AUX 53143	□ Village ▼City KE DOSHA	3/8/11
2. Del a. col	7858-17 Hue 53143	O Town O Village Kenasha Oxcily	3-8-11
3. Stacey Herchian	1927 11 AVE. 53143	u Town u Village Sprcity Kenoska	3/10/11
4. Oyletterchan	7917 1714 AV	D Town U Village SCily U LNORM	3/10/11
5.	2927 17TH AUE 53143	☐ Town ☐ Yillage	- ()
They flecher		KCity KENOSHA	3-10-11
6. 0 11 1 2 M/h	1927 17th Ave	Ú Town	
What I NO	53143	acily Kenusha	3/17/11
7.		Q Town	
<i>'</i> ·		☑ Village ☑ Cily	
8.		□ Town	
		☐ Village ☐ Cily	
9.		C) Town	
		□ Village □ Cily	
10.		☐ Town	
		☐ Village ☐ Cily	
	G (18 11 : 6 C!1-4-		······································

I, Jone O. Ulrich	Certification of Circulator	, certify:
1 reside at 1 4 15 - 79 4 f	(name of circulator) Keroslo Wo, 53143 (circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 5 april 2011

(signature of circula

Please mail this form to:

Recall Wirch

$T \cap \cdot$	Wisconsin Government	DearwolakiDit.	Daniel
10.	www. Owenmen	Accountment	Doura
		fofficial with whon	commission progress of declaration of application for the Commission of the Commissi

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officeholder)

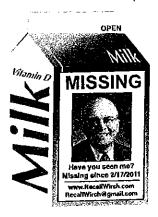
22d District State Senate of Wisconsin petition for the recall of Robert Wirch . (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAIL INC	PHIDDASES WHEN DISERBENE THAN AND	MOIN A LITTLE OF THE PROPERTY	
THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	NICIPALITY OF RESIDENCE, IS NOT S FALWAYS BE LISTED.	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1 () auglas Becter	9000-226thet	Down Devillage CALLLAN	3/5/11
2. Carol Bester	Solex, U/1	D Town Styllage City City	3/5/11
3. Son House	8530 234 # AUG SALEM, WE 53168	City Sales	3/5/11
* Margarelli Kite	Pleasant Pruvie, WI	Drillage Pleasent Prairie	3/5/11
5. Sten White	6805 107 St Unit 100	D Town Stillage City / eggs / France	3/5/11
6. Cosph Salone	8'720-34 # Au ' Kewisha W	D Town D Village Excity COVID TO TO	3/5/11
Bron Brusselm	1598 Jan Ave	Divillage Reserved William	3/5/11
8.		□ Town □ Village □ Cily	
9.		□ Town □ Village □ City	·
10.		□ Town □ Village □ City	
0 . 0 .	Certification of Circulato		

		□ Village □ City	
I. PATRICIA SAle	Certification of Circulato R NO	or , certify	:
I reside at 8720 - 34 th A (na)	Kewosha W		
(circul	ator's residence - include number, street, and municipality)		
I personally circulated this recall petition and personal district represented by the officeholder named in this opposite his or her name. I know their respective resides 12.13(3)(a), Wis. Stats.	petition. I know that each person signed the na	aner with full knowledge of its content or	n the data indicated
(date)	/	(signature of circulator)	

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountabil			OPEN
(official with) We, the undersigned qualified electors of the 2	whom nomination papers or declaration of candidacy for the 1 ^{od} Illiacannain State Spuale, Diathiel		Milk
	jurisdiction or district of officeholder)	Vilanin E	MISSING
petition for the recall of Robert Wirch 2	24 District State Senate of Wiscon (name of officeholder to be recalled and office)	win_	
from office pursuant to Article XIII, Section 12	of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	N N
S (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.)		The reason must be related to	Haye you seen me? Missing since 2/17/20 www.RecaltWish.com RecaltWish@gmail.com
<u>Refusing to represent the citizens of Wi</u>	<u>sconsin 22nd State Senate District i</u>	n Madison.	
THE MUNICIPAL MY USER FOR MAN WO			
	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
That ha Voteria	Renosher, 53/44	Drown Drown Rought	3/5/11
2.		Town Keristia	2/1/11
3. 1 1 Cal 11	4355 94x4 St	A Town	7/3/-4-
Jebra Schulty	Recorrect Rigury VI 57158	Ocily Pleasant Prairie	4-11-11
4.		© Town □ Village	
		□ City □ Town	
5.		□ Village □ City	
6.		[] Town □ Village	
		□ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village	
·		☐ City ☐ Town	
9.		☐ Village ☐ City	
10.		□ Town □ Village □ City	
PANADO E SCH	/ Certification of Circulato	or.	
I, <u>XICHARD E. SCH</u> I reside at 4355 94 H STRAFT	me of circulator)	, certify	
	PLEASANT PLANTE C lator's residence - include number, street, and municipality)	M, 53158	
A 44 45 45 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5	petition. I know that each person signed the p	ayer with full knowledge of its content o	on the date indicated
district represented by the officeholder named in this opposite his or her name. I know their respective resignation (3)(a), Wis. Stats.			

Hecall Wirch GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8,40 and 9,10. Wis. Surfs.

This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Medison, WI 53707-7984

COS. 26 • Silver Lake, WI 53170

WWW.RecallWirch.com • RecallWirch@gmail.com

Please mail this form to:

Page No.

(signature of circulator

TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

GAB-170 (Rev.62007) The information on this form is required by §§. 8.40 and 9.10, Wis, Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official) with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22dd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	- <u>-</u>		•
	GPURPOSES, WHEN DIFFERENT THAN MUN TTHE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lin a. Fasolo-Ricker	4711-67th Place Kenosha W1 53142	Drown Utilage Kenesha	3-4-11
2.	4711 67th PC Kewosha, WI 53142	Drown Drown Town Drown Drown Drown Drown Drown	3-4-201
3. Shira bryanco	1802-07mp1 Kenosna 53142	i Town U Village Kenasha OCity	3-25-201
4.		□ Town □ Village □ City	
5.		☐ Town ☐ Village ☐ City	
6.		□ Town □ Village □ City	
7.		☐ Town ☐ Village ☐ City	
8.		□ Town □ Village □ City	
9.		☐ Town ☐ Village ☐ City	
10.		□ Town □ Village □ Cily	
Michael B. Ricka	Certification of Circulate	or, certif	y:
reside at 47/1 67	ame of circulator) - Bolau Kew	rasha, WI 5314	12
(circu	ulator's residence - include number, street, and municipality)		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content-on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that this typing this certification is punishable under

Please mail this form to:

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison



THE MUNICIPALITY HEED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
THE MUNICIPALITY USED FOR MAILING THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. DOCO	26615 105th ST The WOR WI 53179	X Town	4/3/11
2. Jose Jannie	Francisco PLUS	Dicity Salem Strown Shallage Somers City	43-11
3. Marcha Street	26625-1054085 Trever un 53175	St Town Utillage City Salem	4.3.11
*Carmella Styrino	2818-1182 #603	D City	4-3-11
5.		□ Town □ Village □ City	
6.		□ Town □ Village □ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	
9.		□ Town □ Village □ City	
10.		CI Town CI Village CI City	
A	Cartification of Circulate	or	

li l	<u></u>	
I reside at 8329 - 65 6	Certification of Circulator Parame of circulator Resume Ken	nosha
(circul	lator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO:	Wisconsin	<u>Government</u>	Accountability	Board	
					Below Coasta - Com is Class

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of afficeholder)

petition for the recall of Robert Wirch 22d

22d District State Senate of Wisconsin

(name of officeholder to be recalted and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	E OF THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE
·	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNI
UME Du	10672 102N St UNITE PLEASANT PEAGLE WI 5318	DYOWN PLEASANT	3/19
		□ Town □ Village □ City	
		Ci Town Ci Village Di Cily	
		☐ Town ☐ Village ☐ City	
		□ Town □ Village □ City	
		☐ Town ☐ Village ☐ City	,
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		Q Town □ Village □ City	

1, James - Concernil	certify:
I reside at 340 Home STOWN DIZ.	TWIN Lakes WI 53181
(circulator's residence - include numb	ber, street, and municipality)
district represented by the officeholder named in this petition. I know that ea	e signatures on this paper. I know that the signers are electors of the jurisdiction of ach person signed the paper with full knowledge of its content on the date indicate this recall actition. I am aware that falsifying this certification is punishable under

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1957

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9,10, Wo. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov email: gab@wi.gov

	RECALL PETITION		
TO: Wisconsin Government Accountabil	ity Board Thom nomination papers or declaration of candidacy for the o	office is filed)	OPEN
We, the undersigned qualified electors of the $\underline{2}$	2d Wisconsin State Senate District	, Vitamin D	Milk
petition for the recall of Robert Wirch 2	unsdiction or district of officentiaer)	\	MISSING
	(name of officeholder to be recalled and office)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
from office pursuant to Article XIII, Section 12			
S (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.) Refusing to represent the cilizens of Wi	atement of reason is required to initiate the rec	The reason must be related to all of state, congressional,	Have you seen me? Missing since 2/17/2011 www.ffecallWirch.com RecallWirch@gmail.com
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	HCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
,	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1	5719 63 rd Street	DVIIIage KENOSHA	4/2/11
1 Malma	KENOSHA WI	☐ City / Z	
2.		□ Village	
		☐ City	
3 .		☐ Village ☐ City	
4.		☐ Town]
, T		□ Village □ City	
5.		□ Town □ Village	
	-	☐ City	
6.		☐ Village ☐ City	
		□ Town	
7.		□ Village □ City	
8.		□ Town	
		☐ Village ☐ Cily	
9.		□ Town □ Village	
		☐ City	
10.		☐ Town ☐ Village	
, Michael Kofo	Certification of Circulat name of circulator) # 210	Or, certi	<u> </u>
I reside at 318 59th 5th	name of circulator) #### 210 Kenosha :ulator's residence - include number, street, and municipality	, WI 53140	
I personally circulated this recall petition and personal district represented by the officeholder named in the opposite his or her name. I know their respective re §.12.13(3)(a), Wis. Stats.	ic natition. I know that each nerson signed the	paper with full knowledge of its content on aware that falsifying this certification (signature of circulator)	on the tate mateate

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. State
This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 33707-7984
Www.RecallWirch.com • RecallWirch@gmail.com

		_		KECAL	L PETTI
O:	Winenuniu	Ganonumout	Accountability	Rackd	-

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
· Bedollo Deuria	5018 28 775 Semola	D'Town U'Village	3-29-2011
2.		☐ Town ☐ Village ☐ Cily	
3.		Ci Town □ Vittage □ City	
4.		□ Town □ Village □ City	
5.		□ Town □ Village □ City	
6.		☐ Town ☐ Village ☐ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	
9.		☐ Town ☐ Village ☐ City	
0.		□ Town □ Village □ Cily	

I. SCOTTY WALLEST Certification of Circulator	, certify:
(name of circulator)	, ceriny.
I reside at 1006 70TH ST KENOSHA WI 53142	
(circulator's residence - include number, street, and municipality)	·
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the significant represented by the officeholder named in this petition. I know that each person signed the paper with full knowled opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying §.12.13(3)(a), Wis. Stats.	lan af the commence on this discrete the con-

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

10 Wisconsin Government Accountability Board

(official with whom comination papers or declaration of capilities for the office is fit to

We, the undersigned qualified electors of the **22" Wisconsin State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district afficials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	VICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julia Pryspaywa	1815 3844 St Kenosha, WI 53140	o rown Stillage Wally Clay	3/8/11
2. Sandia Duvenich	1440 43RD AVE. Kenosha, W153144	o town Myllage Somers	3/8/11
3. Kathleh Vou han	9707-1274 PL Kenosha, WI 53144	o town o Village o Cily KlNOSNa	3/8/11
1 Debra Minton	9230 1249 St- Kenosha Wi 53144	U Town U Village City Kenosha	3/8/11
5. Lange D Schwer	4011 531951 53144	U Villago Kenoshy	3/13/201
6. Mara li Salv	1011 > 3 4 S 55144	O Town O Village Removed	Inbou
Jarry & Solus	4011 53 rd 57 Kenashy WE 53144	D Town D Village D City Kenosha	3-13-2011
8. 17 Jary an Passarelli	45-16-23mi Are. tenanha WI 531-10	Village City Kenisha	3/29/11
Yursico Ruby Da J. Japa	Acon adra is	Dyillage Kenosha	3/29/11
Misan Graham	4812 23 AV Kunaha 53140	O Town O Village TO EN 07!1A	3/24/11
Scotty Wallent	Certification of Circulato)' certify	·
	me of circulator) St Kenosla WI	53142	

Trestite at 1 - 500 10 - 10 - 10 - 10 - 10 - 10 - 1	
(circulator's residence - include number, street, and municipatity)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under § 12 13(3)(a). Wis. Stats. September of circulater)	ted

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

	OPEN
	Milk
Vitamin D	MISSING
3	
7	
-	
	Have you seen me? Missing since 2/17/2011
	www.RecaliWirch.com RecaliWirch@gmail.com

	NG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST		SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no,	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gelli E Jungland	9511 27 nd Avenue #15 12 eno sha WI 53143	Town Village Lenosha	3-4-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town☐ Village☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		□ Town □ Village □ City	
LARRY OBUCHOWS	Certification of Circulato	or , certif	v:

Certification of Circulator	, certify:
reside at 3813 1477+ BUE. KELOSHA Wi, 53140	
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22rd Wisconsin State Senate District**(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District Sta

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



	.ing purposes, when different than mun 3 of the municipality of residence must		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
<u> </u>	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
June J. Hutcher	Pleasent Prome UT 55,50	DOWN PLATFORM OF COLLY	4/10/11
Risa Hepen	6523 116Th ST PLEASENT PAINT WT 53150	Down Elvillage Lity L	4/10/1
-		☐ Town☐ Village☐ City	
*		□ Town □ Village □ City	
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		□ Town □ Village □ Cily	
		□ Town □ Vilfage □ Cily	
		☐ Town ☐ Village ☐ City	
		□ Town □ Village □ City	
desse J Fletche	Certification of Circulato	or , certif	y:
ide at 6523 11leTh St		F 53150	•

I personally circulated this recall petition and personally district represented by the officeholder named in this petit			
opposite his or her name. I know their respective residence §.12.13(3)(a), Wis. Stats.			
(Mic) Please ma	ail this form to:	(signature of circulator) Recall Wirch	Page No. 10/0

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005; http://gab.wi.gov

Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9,10. Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gob.wi.gov/email: gah@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22th District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAMI	E OF THE MUNICIPALITY OF RESIDENCE MUS	T ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald I I mily	9951 5 Hericlan Rol	Ditown Placant Extrilage Plainie	9 MR 11
2.		D Town D Village U City	
3.		Ci Town Ci Village Ci Cily	
4.		□ Town □ Village □ City	
5.		□ Town □ Viflage □ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	
Gerald L. SM	the Certification of Circulate (name of circulator) (name of circulator) (name of circulator) (name of circulator)	or, certify	<i>;</i> :
- · · · · · · · · · · · · · · · · · · ·	(circulator's residence - include number, street, and municipality)		
strict represented by the officeholder named in	resonally obtained each of the signatures on this paths this petition. I know that each person signed the person signed the person signed the person signed that residences given. I support this recall petition. I are	paper with full knowledge of its content on aware that falsifying this certification is	on the date indica
Ple	ase mail this form to:	Virch	

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

10: Wisconsin Government Accountability Board

tofficial with whom pountation papers or declaration of candidacy for the office is filed).

We, the undersigned qualified electors of the 22" Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislavive, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison

	OPEN
/	
Vilar.	
Vitamin D	MISSING
	4
General S	
	Have you seen me?
	Missing since 2/17/2011
-	www.HecallV/lich.com RecallWirch@gmotl.com

	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGN TURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE -	MUNICIPALITY OF RESIDENCE	DATE OF
Joseph	Rural address must also include box or fire no.	/ Indicate Town, City. or Village	SIGNING
	29401 Crick DV	Town	0 00 11
SHELBY KRAMER	BUKINGTONWI	O Village Burlington	2-28-11
	541 E Jeffersonst	□ Town	
(a (Kasa)	Buclington WI	Williage Burlington	2-28-11
	124 Kimas Ct	□ Town	//
Johnson Los	Burlington Wis	Coil Gurlington	268/11
1/M	124 Kingoft	Town /	
1 priories VOS	Burlington WI	Di Village Suruma lon	2/28/11
•	1413 1720 AUR	SKTovin 0	10/
Yulah Pousl	Union Grove, WI	Ovillage Paris	3-1-11
6.	,	□ Town	
		│ □ Village □ City	
			
7.	,	☐ Town ☐ Village	
		☐ City	
8.		□ Town	
- MA		□ Village	·
		☐ City	
Ö		i □ Village	
<u> </u>		□ City	
10.		C) Town]
•		☐ Village	
	<u> </u>	CI City	<u> </u>
	Certification of Circulate	r	

·	William J	Poul J	ion of Circula C	tor		certify:	
teside at_	1412-1112N	inaure of circulator) Let	UNION		ws	53182	Pari
istrict repre	circulated this recall petition and pe sented by the officeholder named in or her name. I know their respective	ersonally obtained each of this petition. I know that	the signatures on this pleach person signed the	paper. I know that the paper with full kno	wledge of its co	ontent on the date in	ndicated
.12.13(3)(a)). Wis. Stats. (date) A put 6	-11	<u>\</u>	(signature of circulate	Dh		

Please mail this form to:

Recall Wirch...

Page No. 19 64

(Res. 62967). The information on this form is required by \$8, 840 and 9.10, Wis. Stats.

**Constribut by the Government Accountability Board, P.O. Box **984, Madison, WI 5,1707-7984.

***Constraint Specification of the State of Constraint Specific Constraint Specifi

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION TO: Wisconsin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §,9,10 of the Wisconsin Statutes,

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE MINIOR LITTLE FOR MALLING PURPOSES WHEN PURPOSE PURPOSES WHEN PURPOSES WHEN PURPOSES WHEN PURPOSES WHEN PURPOS					
	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
"Hastin	6825 McHenry St.	City BUT NOTON	3-19-11		
2. Wayne R. Congles	13011-18- Stoet	De Town Dillage Puris Dicity	3-19-11		
Mayaire H. Coughlis	13011 lat St.	Q-Town Ovillage Paris	3-19-11		
1.E. Pyl	14202 12, 20	Grown Ovillage Paris Grown Ovillage Paris	3-21-11		
5.		☐ Town☐ Village☐ City			
6.		□ Town □ Village □ City			
7.		□ Town □ Village □ City			
8.		□ Town □ Village □ City			
9.		□ Town □ Village □ City			
10.		☐ Town ☐ Village ☐ City			
	Cartification of Circulate		<u> </u>		

1, Diana Coughlin	Certification of Circulator	, certify:		
I reside at 13/01 first St.	of circulator) In Paris Township 's residence - include number, street, and municipality)	·		
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support fine recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.				
(date) Please in GAB-170 (Rev. 6/2007). The information on this form is required by \$8,8.40 and 9.10. Wi	nail this form to: Recall Wirch	Page No. 10/ E		

P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI \$3707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.zov_email: gab@wi.gov

CVII

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		JFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
"Learana Resel	3780 Illomstraet	D Town Pleasent Prairie	
2. d. 12	6672 102nd st	Oron Pleasant Prairie	3/24/11
3. Paulina A Zarebska	6672-102ndSt#E	Down Pleasant Prairie	3/26/11
4.		□ Town □ Village □ City	
5.		□ Town □ Village □ City	
6.		□ Town □ Village □ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Village □ City	
9.		☐ Town ☐ Village ☐ City	
10.		□ Town □ Village □ City	
. DINKU 1	Certification of Circulate	or	

l,	*/ ICK/ _	1 17050	in			, certify:	
I reside at	3780	(name of circulator)	5+.	Pleagandf	Praire	WI	53/SE.
		(circulator's residence - in	iclude number, street, a	nd municipality)			
I personally circulated th district represented by the opposite his or her name.	e officeholder named I know their respec	in this petition. I kno	w that each perso	signed the paper with	full knowledge o	f its content or	the date indicated
§.12.13(3)(a), Wis. Stats.	376	-//	,	duch 1	· Kess		
	(date)			(signature	of circulator)		<u> </u>
	. F	Please mail this f	orm to:	Recall Wirch	•.		10.4

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22dd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22dd District State Ser

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
i.	3707-855t Unit D	Drown Village Excity Kenosice	3-3-11	
	3017 94 PL.	City K CMOSEC	1 3 2 11	
W. Craig Deuton	Pleasant Prairie, W.	City Reason Prairie	3-4-11	
3.0	7226-2NO AV	□ Town	0 1	
Gobet he Vallande	Kewshe, W. 53143	Tokity Kewsla	3-4-11	
4. (0 ====	87/2-2ND AUC.	☐ Town	7 .	
L 1/00_	PLIASANT PR-53158	Prilage KLINOSHA	3-5-11	
5/10/1	4451.113st	Town Town	0 1	
Mille empla		City least raine	3-5-11	
6.	27211 - 85 Place	K Town	26/	
(Muoriflat)	Salem W1 53168	O City Salem	3/8/11	
1.18.0	6829-36ave.	□ Town		
Shurley M. Treitag	Kenosha, WI53142	Willage Kenoska	3/12/11	
8. 2 2 2 4	6829-3671 Ave,	☐ Town		
Joel H. Freitag	Kenosha, Wis, 53142	Village Kenosha	3/12/11	
8. O. Clitte	5/19-6/d Street	□ Town	3/12/11	
Come Capiose	Kenosha, WI	City Kenosha	3/12/11	
10. /	5 119 6/57 57	Town L	3/2/11	
Jason C/18701	XENOS/19 W153142	OVIII AGE KINDSM	112/11	
*******	Certification of Circulate	· · · · · · · · · · · · · · · · · · ·		

_			Certification of Circulator	
	A BNIELE			, certify:
l reside at_	6410 - 53	A L	(circulator) KENOSHA WI 53142	-
_			residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1967

GAB-170 (Rev. & 2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 (608-266-8005, https://instruction.org/legabwi.gov wash: gab@wi.gov

ro:	Hiscousia	Generumoul	Accountal	hility Board
ι Ο.	w wwww.	Owedanch	nuumuu	man Down

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Rahert Wirch 2

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	· · · · · · · · · · · · · · · · · · ·	SUFFICIENT.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Kristic Carpenter	3116.4th St Kenosha WI 53144	MTown O Village Bomers O City	2/25/11	
2.B. Cunto	3/16-4/4 St Kenoshy WE 57/4/	Solver Somers	2/25/11	
3. Olice Otter	2301-215 St. Kewosha Li 53140	□ Town □ Village □ Vollage	2-29-11	
4. Larry Other	2301-215 54. Kenosha, WX 53140	D Town D/Village ReNOSh A	2-28-11	
5. Skalletach	231047Ct Kenoshawi 53144	D Town D Village Scily LUDSU	3-12-1	
6.	2310 47 ct Kenosha WI 53144	a Town a Villege Kerosha	3-12-11	
1. Cind Other	1802-23ea Street Kenosna Wi 53140	Town U Village Kenoshg	3-72-11	
8. Laurence atter	5207-4/3+ street Kenosha WI 53/44	D Town O Village Kerosha	3-12-11	
A Me	5207 45t Street Llargue 185 53144	Town Stittage LINUS DA	3-12-11	
"Raula Cerrent c	425-8th Place Kenosha WI 53144	ATOWN SOMETS	3-12-11	
Certification of Circulator				

2.	Certification of Circula	ator
1, Dian	Carpenter	, certify:
I reside at 3//6	(circulator's residence - include number, streer, and municipal	WI 50NERS 53/44

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Turavirus				
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
	· · · · · · · · · · · · · · · · · · ·	ALWAYS BE LISTED.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
$1/M_{\odot}$	10020 74th ST UNITE	□ Town	111.7	
Ma Hawkus	KENOSHA, WI	Village KEN051+A	4/9/11	
2. 1/	3303 79M ST	□ Town		
(MA) Da	KENOSHA WI SZIMZ	ACity KENDSHA	1419/11	
3. 40	2800 Sevent St	D Town	1111	
Tiens C. Spoth	Renosta, (1)	Ocity So Mens	14/11/21	
4.	1800 701 let	€ Town	17, 1-	
(arolen Spolar	Kenoska Wi	O Village Somers	4/11/11	
5.		□ Town	7/	
, ,		O·Village		
		□ City	ļ <u>.</u>	
6.		☐ Town ☐ Village]	
<u> </u>		□ Cily		
7.		□ Town	, , , , , , , , , , , , , , , , , , ,	
"		□ Village		
		□ City		
8.		□ Town		
		□ Village □ Cily		
9.		□ Town		
2,	-	□ Village		
		E) City		
10.		CI Town		
		☐ Village		
		□ City	L	
Bh. 1 Class	Certification of Circulato	₽•		
(/11a0 G1185	mondon or chiculato	. certify		

		□ City	
1. Chad Giles	Certification of Circulator	r, certify:	
I reside at 4800 473	me of circulator) Tyeet Somer ator's residence - include number, street, and municipality)	Ź	
I personally circulated this recall petition and persona district represented by the officeholder named in this opposite his or her name. I know their respective resid	petition. I know that each person signed the par	per with full knowledge of its content on the	he date indicated

Please mail this form to:

Recall Wirch

P.O. Box-26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 196

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountab	RECALL PETITION		OPEN
(official with	th whom nomination papers or declaration of candidacy for the	office is filed)	
We, the undersigned qualified electors of the	22 Wioconoin State Senate District	Vitamin E	MISSIN
petition for the recall of Robert Wirch	22 District State Senate of Wiscon (name of officeholder to be recalled and office)		I I
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
•	STATEMENT OF REASON FOR RI		
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No legislative, judicial, or county officials.)	or city, village, town, and school district officials.	The reason must be related to	Have you seen me Missing alnoe 2/17// www.RecelfVirch.co RecelfWirchSgmall.co
Refusing to represent the citizens of U	Jisconsin 22 nd State Senate District i	n Madison.	
THE MUNICIPALITY USED FOR MAILING	NG PURPOSES, WHEN DIFFERENT THAN MUS OF THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S T ALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
"Christopha J. Wanta	C328 40 H, Ave Kenosha, WI 53142	U Town U Village Kenosha Br City	3/14/11
2.		C) Town C) Village L) City	
3.		□ Town □ Village □ City	
4.		☐ Town ☐ Village ☐ City	
5.		□ Town □ Village □ City	<u> </u>
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ U Vilage ☐ Cily	
8.		☐ Town☐ Village☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Cal	lona?	Certification / Thullings	of Circ	ulator	, certify:
I reside at	4421-	(name of circulator) (circulator's residence - include number	add , street, and muni	Kenosh cipality)	La, W/ 53/42
district represented by the	officeholder nar I know their resp	ned in this petition. I know that each	h person sign	ed the paper with full ki	the signers are electors of the jurisdiction or nowledge of its content on the date indicated ifying this certification is punishable under
	(date)	/		(signature of circu	lator)
		Please mail this form to:	Re	call Wirch	10>

GAB-170 (Rev. 6-2007) The information certain form's required by Q. 8.40 and 9.10, Wis. States.

P.O. Box 26 • Silver Lake, WI 53170

This form is prescribed by the Government Accountability Board, P.O. Box 26 • Silver Lake, WI 53170

WWW.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22rd Wiscousin State Sexate District

(jurisdiction or district of officeholder)

22rd District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.				
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF	
·	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING	
1 ,	5815 33rd sue	□ Town		
1. LISA Warren	Kenosha S3174	Divillage Kenasha.	11/2-11	
21) 1/ /	10001-53th St	□ Town	2/2/	
2. Dawn Knapwek	Vinosha 53144	Skillage Kunosha	0/01/11	
3.	157 6158	□ Town //	2/20/11	
Conner Centerio	15enoshn 153143	Village Menoska	2/21/1	
4. 70 7.1	3607-18 Ave	□ Town / /		
" ft). (folm	Kanseln Win	Stillage Renocha	2/27/11	
5 1/2 (1/2 1 Mal 1	1735 154 #11C	□ Town	21.1.	
"HUMMER BOUST	Kenosha WI53140	O Village KLNUSha	3/1/11	
6. 11	4305 Taul UD.	1 Town of Kenospe	1/1/11	
Shall of the	Ken. 53 140	Di Cily Lowson	5/1/11	
7 10.0	X986:33AUC	Town 3	7/	
Thirty Savagia	Kenosna 53142	To Cily Kenosha	1/11/11	
8. 11 11 6	86 12 Calmohn Duis	O Town	2 . /.	
1 Woth Bu	Plunt Pring wit	City Heart Prince	3-11/11	
9.	,	□ Town]	
··		□ Village □ City	1	
	<u> </u>	☐ Town		
10.		☐ Village		
		☐ City		
ler .	Certification of Circulate)r		

ler	Certification of Circulator	
1, 60/d0 12	10 55 OW	, certify:
· ,	(name of circulator)	
I reside at 5076	6 Th av K-hosha W1 53140	
 -	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(signature of circulator)

---Please mail this form to:----Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Boar	ι
--	---

(official with whom nomination papers of declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



	PURPOSES; WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		SUPPLEIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. alberta allen	580 MADISONST Bullington API-144	U Town UVillage Burlington	Much 31-2011
2,	Wis. 53/05	☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		□ Town □ Village □ City	
5.		D: Town O Village D:City	
6.	· · · · · · · · · · · · · · · · · · ·	□ Town □ Villege □ City	
7.		□ Yown □ Village □ City	
8.	_	☐ Town ☐ Village ☐ City	
9.		□ Town □ Village □ City	
0.		□ Town □ Village □ City	

	<u> </u>	
IX ALBERTA AL	Certification of Circulator	, certify:
		, ceruiy.
	une of circulator)	
I reside at a albertal allen	580 MADISON ST	Burlington Wr.53108
	lator's residence - include number, street, and municipality)	7
district represented by the officeholder named in this	petition. I know that each person signed the paper	I know that the signers are electors of the jurisdiction or er with full knowledge of its content on the date indicated ware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

Recall-Wirch

Page No. |972

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wilgov/email: gab@wilgov

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



THE AUDICIDALITY ISSED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	UCIPALITY OF DESIDENCE IS NOT S	HEFICIENT
	THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
- 	Rural address must also include box or fire no.	Indicate Town, City, or Village	BidNiNO .
1. Ash Xaga	BURLINGTON, WI 53105	SKTOWN U Village BURLINGTON	3-2-11
Holy scar	9711 7th ST	DD-Town	
2. Mal a Pous	Somers, W1 53144	O Village SonER	3-2-11
3. 7 // 1/0	4120-27745T KENOSHA, WI 53144	D Town D Village KENOSHA	3-2-//
4. Marins Porcurs	9711 7th ST Kenosha, WI 53144	Strown O'Village Somers	3-2-11
5. Meurin @ Parcard	9711 7m Strut Kenosha, WI 53149	STOWN O Village SOMES	3-2-11
6. Mark Vorcam	4711 7th st Feedha VI 53144	Strown Uvillage Some /S City	3-5-11
1. Jino Kapeni	4120-275T Kenosha, W: 53144	U Town U Village FELLOSHA	3-12-11
8. Pelece	1119 56 ST Kares m. 53140	D Town D Village Kemsh	3-12-1
9. Plans Foxed	(971/7h St Kengen, Wi \$3144	Prown Syme(S)	3-18-11
10.		☐ Town ☐ Village ☐ City	
	Certification of Circulate)r	

I. ANTHON	y Polcar		ication of C	irculator		, certify:
		(name of circulator)	_	2		_, ,
I reside at 3082	6 Kunn	NOG POX	IRAIL,	BURLINGTON	$\frac{\omega_1}{\omega_1}$	_55105
		(circulator's residence - in	clude number, street, and	municipality)		
district represented by the	officeholder named I know their respecti	in this petition. I kno	w that each person	s on the paper. I know that the silined the paper with full know or tight I am aware that falsify	wledge of its ing this certi	s content on the date indicated
OLD HOLD COOK TO SEE	(date)	lease mail this fo		(signature of circulato	Ĺ	Page No. 1072

P.O. Box 26 • Silver Lake, WI 53170 www,RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accounta	RECALL PETITION bility Board		S OFFI
(official v	ith whom nomination papers or declaration of candidacy for the	office is filed)	
We the understoned qualified electors of the	224 Wisconsin State Senate Distric	E Communication of the Communi	Milk
or of the analysigned quanties elected by the	(jurisdiction or district of officeholder)	Ylanihi'n	Have you seen me
petition for the recall of Robert Wirch	22rd District State Senate of Wiscon (name of officeholder to be recalled and office)	win	11
from office pursuant to Article XIII, Section	12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	:
	STATEMENT OF REASON FOR R		
The reason for recall must be stated on pelitions the official responsibilities of the officeholder. N legislative, judicial, or county officials.)	for city, village, town, and school district officials, o statement of reason is required to initiate the re	The reason must be related to call of state, congressional,	www.RecalfWireh.com RecalfWireh@gmall.com (282) 298-9422
Refusing to represent the citizens of L	Visconsin 22 rd State Senate District	in Madison.	
	ing purposes, when different than mui		uppicient.
THE NAME SIGNATURES OF ELECTORS	OF THE MUNICIPALITY OF RESIDENCE MUS STREET & NUMBER OF RURAL ROUTE	T ALWAYS BE LISTED. MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
i. Daug Stalker	3982 371H AVE TWINGERS, WE 53181	Trown City Randall Township	4/4/11
2.		Ci Town Ci Village Ci Cily	
3.		CI Town CI Village CI City	
4.		□ Town □ Villege □ City	
5.		☐ Town:	
·		: City	<u> </u>
6.		□ Town: □ Village □ City	
7.		□ Town □ Village □ City	
8.		□ Town □ Villege □ City	
9,		□ Town □ Village □ City	
10.		□ Town □ Village	
1, Dave Stalk	Certification of Circulat	Or, certify	<u> </u>
	(name of circulator) Auc, Twin lakes, wi	53151 Randal	L
I personally circulated this recall petition and pe district represented by the officeholder named in	circulator's residence—include number, street, and municipality) reconally obtained each of the signatures on this parthis petition. Tknow that each person signed the residences given. I support this recall petition. I a	per. I know that the signers are electors paper with full knowledge of its content	on the date indicate

Please mail this form to: Recall Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accomplability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.evi.gov enail: gab@wisgov www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

(date)

ro: Wisconsin Government Account	RECALL PETITION	•	
(official	with whom nomination papers or declaration of candidacy for th	c office is filed)	OPEN
We, the undersigned qualified electors of th	e <u>22^d Wisconsin State Senate Distri</u>	<u>ut</u>	MI
petition for the recall of Robert Wirch	(jurisdiction or district of officeholder)	Vitanin	MISSIN
bettuon for the recall of the the two the	22d District State Sexate of Wisco (name of officeholder to be recalled and office)	KOUL	
rom office pursuant to Article XIII, Section	n 12 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
77	STATEMENT OF REASON FOR R		
the reason for recall must be stated on petitions he official responsibilities of the officeholder. N	for city, village, town, and school district officials. To statement of reason is required to initiate the re	The reason must be related to early of state, congressional.	Have you seen m Missing since 2/17/
egislative, judicial, or county officials.)			www.RecallWirch.eo RecallWirch@gmail.
<u>lefusing to represent the citizens of l</u>	Visconsin 22 ^d State Senate District	<u>in Madison.</u>	
Tunavilyeta			·
THE MUNICIPALITY USED FOR MAIL THE NAME	ING PURPOSES, WHEN DIFFERENT THAN MU OF THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S T ALWAYS BE LISTED.	SUFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. Kunda Kom	723 Torry Pones Or. Twintakes WI S3181	SVillage Twin / ales	3-26-11
2. 7. 7. 20	421 M BELLY DISTOR	□ Town → PA	
Jon prof	TWM LANES WI 53181	Skivillage win Lakes	3-217-11
3.	15/7 /2 ST	Town Twin Lakes	2021
fong Vayor	Tuin Laker W. 53181	City	5-2/-//
1. Il has no the throngs	23604 66°	Disposition of the property of	4-2-11
A GUARANTE STATE OF THE STATE O	23009 654 5T	City PHDDOCK WAKE	/ / //
"Keus m Steam	Salem WI 53168	Drillage Paddock hake	4/2/11
5.		□ Town	
		□ Village □ City	
7.		☐ Town ☐ Village	
		□ City	<u> </u>
3.		□ Town □ Village	
		☐ City	
).		□ Village □ City	
0.		□ Town	
		☐ Village	
	Certification of Circulate) H	1
ALICE L. GRYNO		, certify	<i>r</i> :
1512 612 5	(name of circulator)	•	•
eside at 1517 F1165 C	ST TWIN LAKES WI irculator's residence - include number, street, and municipality)	53181	
	sonally obtained each of the signatures on this pap	ner I know that the alones are started	و المسالسات المسالسات
rict represented by the officeholder named in t	his petition. I know that each person signed the p	aper with full knowledge of its content o	n the date indica

Please mail this form to: Recall Wirch GAB-170 (Rev.5-2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53107-7984
608-266-8005, http://gab.wi.gov/email: gab@wi.gov P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Page No.

(signature of circulator)

TO: Wisconsin Government Accountability Board

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wils, Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov/email: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Sexate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on pelitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



Page No.

	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jell Frederickson	6939- 88t AVE	Town XVillage of Pleaant Prairie	3/4/2011
2- Han Combina	6939-88 AVE	□Town ☑Town ☑Tillage PL、PRA(N(E) □City	3-4-11
3. Mice Childu	4619 88th Place Kenosha WI 53142	orown Village Kenosha Scity	3/6/2011
4. VICTORIA BARNHART	1338-95thAUE KENDSHA, WI	Hown SOMERS O Village HENDSHA	3/6/2011
5. Grace Janoworth	21818 9TH ST # ZY KANASUILLE WI	8 Town Brighton 24 Village Kansasville © City	3-811
6. Michaelle + kuswriter	21818 9th St. Lot 24 Kansasuille WI	M Town or 9010	3-8-11
7. James Barnhas T	1338 95th Ave KeNOSHA, WI 53144	Stown Somers UVillage	3:29.11
8.		□ Town □ Village □ Cily	
9.		□ Town □ Village □ City	
10.		□ Town □ Village □ City	
	Cartification of Circulate	······································	

			\mathbf{C}	ertification	of Circulato	r		
I,	JOAN	MADSEN						, certify:
-			(name of circ					
I reside at	4333	PINEVIEW	CT.	PROPELN T	PLEASANT	, WI	53403	<u> </u>
			(circulator's resi		street, and municipality)	′		
district repr opposite his	esented by the	e officeholder named I know their respective O4 · /4 (date)	in this petition ve residences g · 2011	. I know that each	person signed the pass recall petition. I am	aper with full aware that fa (signature of circ	knowledge of it lsifying this cer	e electors of the jurisdiction or is content on the date indicated tification is punishable under

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST	<u> </u>	T .
	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
Matthew Bender	Rural address must also include box or fire no.	Indicate Town, City, or Village Town	SIGNING
Muther Buyler	422 38th Avenue Kenasha, 5314	LONGIES ALCONO	3/19/
		□ Town □ Village □ City	
		□ Town □ Village □ City	
		☐ Town ☐ Village ☐ City	
		Cl Town Cl Village Cl City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	_

I reside at	<u> 766 28</u>	HVENNE	Lenosha, W.	<u>53144</u>	_ lown of Some	rs
-	•	(circulator's	residence - include number, street, and	d municipality)		··
opposite his	resented by the officely	older named in this peliti	ion. I know that each person	signed the paper wo petition. I am awar	know that the signers are electoryllh full knowledge of its contente that falsifying this certification ture of circulator)	nt on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22

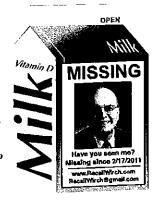
22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	•
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATEO
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
B. Mourel	9590 42ND ET. Pleasant Parine, WI 53158	Ditown Divillage Phasant Prairie	3-10-20
	1831 218 me	2-Town XVIIIage BCT500	3-10-2
France	5215102 W1 53107	□ City	
Lidney May	Kenosha, WI 53142	□town □Village Xacily Kenasha	3-11-11
Jum Il Pather	PURASANT PARINE	City PALANT	3/13/
Jeannin D. Pitches	Pleasant Prince	City Pleasant Pravile	, 3/13
7		☐ Town ☐ Village ☐ City	•
		□ Town □ Village	
		LI City	
		□ Town □ Village □ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	

	- Chy	<u>_</u>
Misses U. T	Certification of Circulator	
1, HUSSON HM		, certify:
I reside at 5533 64 for #	2 Levella WE 53140	
(circul	lator's residence - Include number, street, and numeripality)	
district represented by the officeholder named in this	ally obtained each of the signatures on this paper. I know that the petition. I know that each persony signed the paper with full known	owledge of its content on the date indicated
, 1-	dences given. I support this recall petition. I am aware that falsit	ying this certification is punishable under
§.12.13(3)(a), Wis. Stats. $3/13/11$	- Mysels	
(date)	(signature of circula	hae
Please	e mail this form to:	

GAB-170 (Rev. 6:2007). The information on this form is required by §8, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison. WI 53707-7984 608-266-8005, http://gob.wi.gov/emiil; gab@wi.gov/

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION
TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)
We, the undersigned qualified electors of the 22 rd Wisconsin State Senate District
(jurisdiction or district of officeholder)
petition for the recall of Robert Wirch 22rd District State Sexule of Wisconsin
(name of officeholder to be recalled and office)
(mane of otherwises to be received and other)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		orricient.
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1. North land	BR15702 W1 5-3104	De Town Unitage BRIGHTON	1182011
He will be		tai-Town	
Menaperie Chemiel	22301 315T ST	Ti Villano	1.555.1
Leumen Siratanon"	BRISTOLWI S3104	OCHY BRIGHTON	188811
3.		□ Town	
		☐ Village	
		□ Town	
•		☐ Village ☐ City	
		□ Town	
•		☐ Village	
		□ City	
).		□ Town □ Village	
		City	
<u> </u>		□ Town	
·		U Village	
· · · · ·		O Town	
3.		O Village	
		City City	
),		O Town	
		□ Village □ Cily	•
		□ Town	
0.		□ Village	
		□ City	

	_		Cerunc	auon	oi Circuia	tor		
I,	DONALD	CHENAU	イング					, certify:
-	_	. ~	(name of circulator)					
I reside at	122301	31 st St	BRISTAL	W/	5-3104	TOWN	OF-	BRIGHTON
			(circulator's residence - incl	ude number,	street, and municipalit			
district rep opposite h	oresented by the office or her name. 1 kg (a), Wis. Stats.	ficeholder named in now their respective O AFR 7	this petition. I know residences given. I s	that each	person signed the	e paper with full	knowled	ners are electors of the jurisdiction or ge of its content on the date indicated his certification is punishable under
	(OB	™ Ple	ase mail this for	m to:	Recall	1.5	iculator)	Page No. 1979
GAB-170 (Rev.6	(2007) The information on th	is form is required by §§. 8.40	and 9.10, Wis. Stats.	PO F	lox 26 • Silve	er Lake. WL	53170	1,080,00. { 1 (1)

608-266-8005, http://gab.wi.gov cmail: gab@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

	RECALL PETITION	i	
TO: Wisconsin Government Accountabil	<u>lity Board</u> whom nomination papers or declaration of candidacy for the	ruffice is filed)	OPEN.
We, the undersigned qualified electors of the 2		,	Milk
	jurisdiction or district of officeholder)	The min	MISSING
petition for the recall of Robert Wirch 2	2 District State Senate of Wiscon (mans of officeholder to be recalled and office)	win 3	
from office pursuant to Article XIII, Section 13	2 of the Wisconsin Constitution and §.9.10	of the Wisconsin Statutes.	
	STATEMENT OF REASON FOR R		Harre you seen me?
(The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s	cny, vinoge, town, and school district officials. talement of reason is required to initiate the re	call of state, congressional,	Missing blace 2/17/2011
legislative, Judicial, or county officials.)		. 4.4 .	Paratistrat Sylvas com
<u>Refusing to represent the citizens of Wi</u>	scousin 22 State Senate Vistrict	ik Madisan.	
			. The state of the
THE AUDICIPALITY USED FOR MAILING	i purposes, when different than mu	NICIPALITY OF RESIDENCE, IS NOT	SUFFICIENT.
	THE MUNICIPALITY OF RESIDENCE MUS		
SIGNATURES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
A	Rural address must also include box or fire mo.	Indicate Town, City, or Village Town	CHEMINICE
Land M. San	3/32- 4/14 /100	MCHY KENOSHA	4/14/011
275	7005 36th AVE	C Town	17.7.
Chungh though		ercay Kenocha	4-14-201
3 Lu E. Sloss	3132 47 th alle	Steady Kenosha	4/14/10
4.		니 Town 다 Vallage	, , , , , ,
		D Cay	
5.		□ Town □ Lystage □ City	
6,		☐ Town ☐ V#lage ☐ City	
7.		(i) Town (i) Vølage	
		L∃ City	
8,		U Village	
		☐ City	
9.		- Ci Village Ci City	
10.		Ci Town	
10.		CI Village CI City	
	C-46-4		
1. KERRY GLO	Certification of Circulat	OF , cert	áfv:
The state of the s	ione of circulator)		•
I reside at	MUSE A C NOSHA	WI. 53144	
I personally circulated this recall petition and personal	and the state of t	uses. I because that the signature are alrest.	- af the inelationism as
district represented by the officeholder named in thi	s petition. I know that each person signed the	paper with full knowledge of its conten-	it on the date indicated
opposite his or her name. I know their respective res	ildences given. I support this recall petition. I a	un aware that falsifying this certification	n is punishable under
§.12.13(3)(a), Wis. Stats. 4/14/20	11 Lerry	M. Dlan	<i>l</i>
(duse) / 'Pleas	e mail this form to: Recall)	(ugasture of creatator) Nirch	(A) (T)
GAB-IN (Res 6:2007). He introduced on the first is reported by († 8.40 and 9. This firm in presented by the Constructor Accidentaly British P.C. Best 1984, etc. 2004, etc. 2004, by a character could gainly at pa	15. Wis Sec PO Box 26 • Silver	r Lake, WI 53170	No. 1980

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder)

22 District State Senate of Wisconsin petition for the recall of Robert Wirch

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	S Purposes, when different than mun TTHE Municipality of residence must		UFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no.	Indicate Town, City, or Village	Sidivilled
1. De 95	12319 3445 Are	Sycrown G Village Randall	4-8-11
2. Pale (1) Itans	12319 344 Ave	Section Dillage Randall	4-8-11
hereuce 1100 y	Twin Lakes, WI 5318/	O CREY	, , ,
3. 0	12319 344 - au.	CKTown	
Joan Ary	Two Fale wa 53181	Ochy Kandell	4-8-1
4. Bild Alm	Twin Lakes WI 53181	Ostrown Randell	4-8-11
5. Dev Dopodall	2045 E hakeshore Dr. Twin hakes WI 53181	Leptown Utiliage Twin Lakes	4-13-11
6. Joms X Witen	DOYS E LOTOSHOR DR. TWITHATOSWISSIST	O Town - Win Lakes OCITY	4-13-1
1 0000	100-100-00-00-00-00-00-00-00-00-00-00-00	□ Town □ Village □ City	
В.		□ Town □ Village □ City	
).		□ Town □ Village □ City	
0.		□ Town □ Village □ City	

I, Leady S Hinz Certification of	f Circulator, certify:
I reside at 12319 - 344 Ave, Torn Lakes, WI	
I reside at 12319-344 Ave, Jun Lakes, WI	53181
(circulator's residence - include number, stu	et, and municipality)
I personally circulated this recall petition and personally obtained each of the sign district represented by the officeholder named in this petition. I know that each proposite his or her name. I know their respective residences given. I support this results 13, 20/1	erson signed the paper with full knowledge of its content on the date indicated scall petition. Jamaware that falsifying this certification is punishable under
This form is presented by the Coverament Accountability Board, P.O. Box 7984, Madison, WE 33707-7984	Recall Wirch x 26 • Silver Lake, WI 53170 Virch.com • RecallWirch@gmail.com

O: Wiscousin Government Accountabili	ly Board hom nomination papers or declaration of candidacy for the o	flice is filed)	OPEN
Ve, the undersigned qualified electors of the 22	nd Wisconsin State Senate District		Milk
•	prisdiction or district of officeholder) Med Diotrict State Sexuate of Wiocout (name of officeholder to be recalled and office)		MISSING
om office pursuant to Article XIII, Section 12	•	of the Wisconsin Statutes.	* (
S	PATEMENT OF REASON FOR RE	CALL -	S
he reason for recall must be stated on petitions for c e official responsibilities of the officeholder. No sta gislative, judicial, or county officials.)	atement of reason is required to initiate the reco	all of state, congressional,	Have you seen me? Missing since 2/17/20 www.RecallWirch.com RecallWirch@gmall.com
ehusing to represent the citizens of Wis	consin 22 nd State Senate District in	ı Madison.	
		TOTAL LANGE OF THE PARTY OF THE	ULEELOIDAT
	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		OFFICIENT.
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
	Rural address must also include box or fire no. 7233 FISH HATCHERY W	Indicate Town, City, or Village	1 ,
1.	BURLINGTON WI 53105	Ovillage Burlington	4/9/11
2.		Ü Town □ Village	
		□ City	-
3.		☐ Village ☐ City	
4.		☐ Town ☐ Village	
_		☐ Cily	<u> </u>
5.		□ Village □ City	
6.		□ Town □ Village □ Cily	
7.		☐ Town ☐ Village ☐ Cily	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	
^	Certification of Circulate		<u> </u>
MATTHEW T. HOLL	une of circulator)	, certif	y:
reside at 7233 FICH HATCH	HERY RD BIRLING TOWN lator's residence - Include number, street, and municipality)	W7 53105	<u>.</u>
personally circulated this recall petition and person strict represented by the officeholder named in this posite his or her name. I know their respective resi 12.13(3)(a), Wis, Stats.	petition. I know that each person signed the p	aper with full knowledge of its content	on the date indicat

Please mail this form to: Recall Wirch Page No.

GAB-170 (Rev.6/2007) The Information on this form is required by §§. 8-40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madison, WI 53707-7984 (608-266-8005, http://gab.wi.gov we canall: gab@wi.gov

W P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

(signature of circulator) ___

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

608-206-8005, http://gab.wi.gov.com/il/gab@ari.gov

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



SIGNATURES OF ELECTORS	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DITECT
O'G'NYON SO' EINE FORG	Rural address must also include box or fire no.	Indicate Town, City, or Village	DATE OF SIGNING
Maria & Char	623-15th Place		3/0/
William & norman	- Kenosha WI, 53140	a lown Advinage City Somers, WI Diven	3/12/2011
Callie & Sackett	1839-19th Ave Kenosha, WI 53140	D Town D Village Secity Kenosha	3/13/11
()	5507 31 STAVE	☐ Town	
Vendy Wiggins	Kenosha WIS3144	racity Kenusha	3/13/1
1 ()0	<u> </u>	□ Town □ Village □ City	
		☐ Town ☐ Village ☐ City	
		☐ Town ☐ Village ☐ City	
		□ Town □ Village □ City	
		☑ Town ☑ Village ☑ City	
		□ Town □ Village □ City	
		☐ Town ☐ Village ☐ City	

0 0	Certification of Circulator	
1, Don Ruge		, certify:
I reside at 6215 45th St.	Kenosha	
(circulator's	residence - include number, street, and municipality)	
district represented by the officeholder named in this peti-	obtained each of the signatures on this paper. I know that the signature. I know that each person signed the paper with full knowled es given. I support this recall petition. I am aware that falsifying	dge of its content on the date indicated
` ,	ail this form to: Recall Wirch	\\ \alpha \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
GAB-170 (Rev.6-2007). The information on this form is required by §§. 8.40 and 9.10, Wis. This form is prescribed by the Government Accountability Board, P.O. Box 2984, Madison,	Sus. DO Boy 26 & Cilyor Lake MI E2170	Page No. 1983

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.		
THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	,		
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
	Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
" Sich 2 Hill	18300 Win Field Rd Bris 701 W183104	D Town SI Village Brustal D City	4-9-11		
2. 2. 2. 2. 2.	18300 Winfreld Rd Bristel WI 53104	Town Styllage Brustol	4-9-11		
3 Pagari	18515 83th St. Brishol, WI 53104	O Town Myllage Brustal O City	<u> </u>		
4. Martha & reen	6047 37 AVR Kenosha WI 53142	O Town Village Kenasha OF City	04-09-11 4-9-11		
5.		□ Town □ Village □ Cily			
6.		□ Town □ Village □ City			
7.		□ Town □ Village □ City			
8.		□ Town □ Village □ Cily			
9.		☐ Town ☐ Village ☐ City			
10.		☐ Town ☐ Village ☐ City			
Certification of Circulator					

I reside at	18300	(circulator's residence - include number	Rd r, street, and municipality	Bristol, W	53/04
district represented by tl	ne officeholder named I know their respecti	in this petition. I know that each	h person signed the	aper. I know that the signers are paper with full knowledge of its ann aware that falsifying this certification (signalure of circulator)	content on the date indicated

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

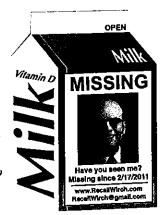
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUN	ICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
SIGNATURES OF ELECTORS	F THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Daniel Krueyen	10720 84th Place	OTOWN Pleasant Prairie OUVillage OCity	3-7-11
2. Cepithia Krueger	10720 8492 Pl	Drown Strillage Pleasant Prairie	3/8/11
3.		□ Town □ Village □ City	,
4.		□ Town □ Village □ City	
5.		□ Town □ Village □ Cily	
6.		□ Town □ Village □ City	
7.		□ Town □ Village □ Cily	
8.		□ Town □ Village □ City	
9.		□ Town □ Village □ Cily	
10.		☐ Town ☐ Village ☐ City	
Paul Lune -	Certification of Circulate	o r . certify	<i>'</i>

	Certification of	f Circulator		
I, Paul drover	<u></u>		<u> </u>	, certify:
, ,	(name of circulator)	. –		
I reside at 16 770 8 1/44	Place Place	+ PUNIVIY	WI	
	(circulator's residence - include number, stre	et, and municipality)		
I personally circulated this recall petition and district represented by the officeholder name opposite his or her name. I know their respects. 12.13(3)(a), Wis. Stats.	d in this petition. I know that each pe	rson signed the paper	r with full knowledg	e of its content on the date indicated
				

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170